

Claim Form - MOTOR THEFT / HI-JACK



Tel:		Fax:	
E-mail:			
Delete sections not applicable			
Insurer	Policy Number		Claim Number
Insured: Name & Occupation Address and (day) telephone no. Identity number/VAT number			
Finance Company	Name:		Branch:
			Account Number:
Vehicle	Make:	Tare:	Gross veh. Mass:
			Kilometres completed:
	Registration No:	Value:	Model & Year:
			Date of purchase & price pd:
	Date Last Service:	Engine Number:	Colour Exterior:
			Colour Interior:
	Chassis Number:		
Registered Owner	Name:		Identity Number:
Theft Details	Date Of Theft:		
	Time Of Theft:		
	Place Of Theft:		
S.A.P. Details	Police Station & Ref. No:		
	Date Reported:		
	Reported By:		
Circumstances			
Vehicle Recovery Device Details	Was alarm activated? If not, give reasons:		
	Was the vehicle locked? If not, give reasons:		
Anti-Theft Recovery Device Details	Make:		Fitted By:
	Date:		
PLEASE ATTACH PROOF OF DEVICE			
Detail Of Window Markings	Number:		
	Details of scratches, dents, defects, etc:		
DECLARATION	We hereby declare the foregoing particulars to be true in every respect.		
	Signature of Driver: _____		Date: _____
	Signature of Insured: _____		Date: _____
N.B IT IS IMPORTANT THAT YOU NOTIFY THE INSURERS IMMEDIATELY YOU BECOME AWARE OF ANY IMPENDING PROSECUTION, INQUEST OR DEMAND. KINDLY NOTE THAT THIS FORM MUSFT BE COMPLETED BY THE CLIENT / POLICY HOLDER / INSURED ONLY			

Witnesses:		
Name & address & telephone no.		
Name & address & telephone no.		
Date, time & place		
Speed	Before accident: kph	Moment of Impact kph
a) Weather conditions	(a)	(b)
b) Visibility		
a) Road surface	(a)	(b)
b) Width of road		
a) Which vehicle lights were on?	(a)	(b)
b) Street lighting		
Was any warning given by you e.g. hooting, indicators etc?		
Police Details	Name of Police/Traffic officer who recorded details of accident?	Police Station & reference number
Was driver tested for alcohol or drugs?		
Description of accident		
Sketch of accident (If necessary use separate page) Please show clearly the point of impact and indicate the direction of travel by arrows. Give details of any road safety signs or warning signs in vicinity of scene of accident		
Payment Details		
Name of Bank:	Branch:	
Name of Account:	Account No:	
I have inspected the driver's licence and it is free of endorsement/endorsed as shown		
Signature: _____ Capacity: _____		
We hereby declare the foregoing particulars to be true in every respect.		
Signature of Driver: _____ Date: _____		
Signature of Insured: _____ Capacity: _____ Date: _____		
N.B. IT IS IMPORTANT THAT YOU NOTIFY THE INSURERS IMMEDIATELY YOU BECOME AWARE OF ANY IMPENDING PROSECUTION, INQUEST OR DEMAND.		