

Reg. 97/22015/07

FSB Licence No 4518

P O Box 4079, Edenvale 1610

Tel 011 524 0884 Fax 011 524 0702

**MOTOR THEFT/HIJACK CLAIM FORM**

**General**

Policy number

Insured name  Title

I.D. number  V.A.T. Reg. No.

Contact name  Tel. No. (H)

Address  (W)

Occupation

Broker

**Loss**

Date of loss  Place of loss

Time of loss

**Vehicle**

Make  Model  Kilometres

Registration No.  Year  Price paid  R

Alarm/immobiliser  Date of purchase

Fitted by  Make  Date

In whose name is the vehicle registered?  
(Attach copy of registration certificate)

Finance company

Type of agreement

Account number

**Vehicle identification**

Chassis No.

Engine No.

Interior colour

Exterior colour

Windows etched  YES  NO

Number

Details of/or other features which could assist in identification of vehicle

**Accessories (if accessories were stolen, please complete this block)**

Details of accessories  
(Please attach invoices)

**General questions**

Was the car locked?  YES  NO

Who is in possession of the vehicle keys? \_\_\_\_\_

The purpose the vehicle was being used \_\_\_\_\_

Circumstances of theft/hijack \_\_\_\_\_

**Police**

Police station \_\_\_\_\_ Reference No. \_\_\_\_\_

Date reported \_\_\_\_\_ Time reported \_\_\_\_\_

Other insurance (Covering this loss)  YES  NO

Name of insurer \_\_\_\_\_

**Banking details**

We recommend that payment be made directly to the insured's account to avoid banking delays and fraud.

Method of payment  Direct to account  Cheque

If payment is to be made directly to an account, please complete the following:

Account holder's name \_\_\_\_\_

Credit card  Credit card number \_\_\_\_\_

or

Other

Current account  Transmission account  Savings account

Account No. \_\_\_\_\_

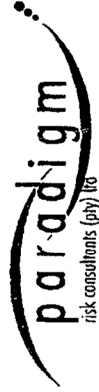
Branch code (bank only) \_\_\_\_\_ Branch name \_\_\_\_\_

(Please attach a cancelled, blank or used cheque)

**Declaration**

(We solemnly declare that the above particulars are true in every respect.

Signature of insured \_\_\_\_\_ Capacity \_\_\_\_\_ Date \_\_\_\_\_



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