

MOTOR THEFT / HI-JACKING CLAIM FORM

Policy No:		Claim No:			
Insured	Name and Occupation				
	Address and Day Tel. No.				
	Identity Number / VAT Number				
Vehicle	If vehicle subject to Hire Purchase, Credit or Leasing Agreement	Make	Tare	Gross Vehicle Mass	Kilometres Completed
		Registration	Value	Model and Year	Date of Purchase
	State name, address and account number of Finance Company				
	Chassis / VIN Numbers				
	In whose name is vehicle registered?				
Driver	Full Name				
	Residential Address				
	Occupation				
	Identity Number				
	Drivers License Number				
	State fully the purpose for which vehicle was being used				
	Was he/she driving with your permission?				
	Was he/she in your employ?				
	Has he/she any motor insurance on own car? If yes state policy no. and company				
	Details of any convictions for motor offences				
	Has license ever been endorsed?				
	Has he/she any physical defects?				
Details of previous accidents					
Passengers (Insured Vehicle)	Passengers in insured vehicle	Name	Residential Address	Injury	
	For what purpose were they carried?				
Are they employees?					

Vehicle	Personal injuries (other than in insured vehicles)	Name of Injured	Relationship to accident e.g.	Details of Injuries	Name of Hospital if applicable

Witnesses	Name, address and Telephone Number			
	Name, address and Telephone Number			
Theft / Hi-jacking	Date / Time / Place			
	Speed	Before Theft / Hi-jacking	Moment of incident kph	
	a) Weather conditions b) Visibility	a)	b)	
	a) Road surface b) Width of road	a)	b)	
	a) Were vehicle lights on? b) Street lighting	a)	b)	
	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 and reference number	
	Was driver tested for alcohol or drugs?			
	Description of incident			
Declaration	I / 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 SHOULD YOU BECOME AWARE OF ANY IMPENDING PROSECUTION, INQUEST OR DEMAND				