



## MOTOR THEFT CLAIM FORM

## **POLICY DETAILS**

BLOKEL:		
Policyholder :		
Policy Number :		
VEHICLE DETAILS		
Make :		
Model :		
Year :		
Registration Number :		
Engine Number :		
Vin Number :		
Exterior Colour :		
Interior Colour :		
Odometer Reading :		
Date of Purchase :		
Is the vehicle subject to hire purchase or similar agreement?		
If yes, please provide name of finance company :		
Was the vehicle fitted with any Non-Standard accessories?		
If yes, please provide details :		
Does the vehicle have any scratches, dents, defects and hidden identification marks?		
If yes, please provide details :		
Is the vehicle fitted with any security devices?		
If yes, please provide details :		
DRIVER DETAILS		
Full Name :		
ID Number :		
Occupation :		
Residential Address :		
Contact Number :		
INCIDENT INFORMATION		
Date of Theft/Hijacking :		
Time of Theft/Hijacking :		
Place of Incident :		
Police Case Reference Number :		
Police Station :		
Date Reported :		
Was the vehicle locked?		
If not please give reason(s):		





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Please give a detailed description of the circumstances:		
LICENCE SUBMISSION		
I have attached a copy of my driver's licence and warrant that it is free of endorsements		
Signature	Capacity	
YOUR INFOR	MATION	
The information below is required in order to properly assess the Claim in question. We are aware that certain information disclosed to us may be deemed Personal Informationin terms of the Protection of Personal Information Act 4 of 2013 (POPI) and we will accordingly take all reasonable steps to ensure that your information is processed / used / stored in accordance with POPI.  We further hereby inform you that we may have to share your Personal Information with our service providers (loss adjusters, attorneys, investigators & other consultants/advisors) involved in assessing the Claim in accordance with your Insurance Policy.  Where necessary, we may also disclose your Personal Information, including potentially sensitive information about you, to other insurers, reinsurers, legal representatives and other consultants in order to protect the legitimate interests of the Insurer/Santam Ltd.  In addition, we may need to obtain certain information from other sources (such as the South African Police Service or a medical practitioner) but we undertake to advise you if/when we collect personal information from such other sources.  If you do not provide the requested information or consent to its collection and disclosure as described above, the assessment of your claim may be delayed and/or we may not be able to accept the claim.  You also have the right, in terms of POPI, to object (on reasonable grounds) to the processing of your Personal Information.  By signing this Claim Form, you acknowledge the purpose for which the information is collected and the manner in which it may be processed and accordingly provide your consent to the above stated use/dissemination/disclosure of your personal information.		
WARRANTY		
I hereby warrant that I have suffered the loss/damage to the property referred to in this document and that the particulars and statements given below are true and complete and contain all information known to me affecting the details of the claim.		
I agree and understand that providing the incorrect information, inflating my claim or claiming for items that I did not own prior to the loss, is fraudulent, and will prejudice my claim.		
Signature of Driver :	Date Signed :	
Signature of Policyholder :	Date Signed :	