

MOTOR VEHICLE THEFT/ HIJACKING CLAIM FORM

Telephone: (011) 640-3188 Facsimile: (011) 640-6524
 Physical Address: 334 Louis Botha Avenue, Orange Grove, 2192
 Postal Address: P O Box 46293, Orange Grove, 2119



COVERALL Broker Support Systems

Agent / Broker	Policy no	Identity no
INSURED		
Name:		
Residential address:		Code:
:		
Telephone:	CODE	CODE
(W) ()	(H) ()	CELL:
Occupation		
VEHICLE		
Name of registered owner:		
Address:		Code:
:		
Telephone:	CODE	CODE
(W) ()	(H) ()	CELL:
Occupation:		
Particulars of last person responsible for vehicle (a copy of his / her driver's licence must be attached)		
Name:		
Residential address:		Code:
:		
Telephone:	CODE	CODE
(W) ()	(H) ()	CELL:
Occupation:		
Occupation:		
Date of Birth:	Identity no:	
Purpose for which vehicle was used:		
Make:	Reg no:	Model: Year:
Vehicle value:	Date of purchase:	
Price paid:	Colour:	
Engine no:	Chassis no:	
Odometer reading at time of theft / hijacking:		If applicable state the following:
Is the vehicle a "rebuilt" vehicle? Yes No		
Is the vehicle subject to a hire purchase, credit or lease agreement? Yes No		
Name and address of finance company / person:		Telephone CODE ()
Account holder:	Account no:	
Details of previous claims:		
Name of insurer:	Policy no:	Telephone CODE ()

ANTI-THEFT DEVICE

Anti-theft device fitted?	Yes	No	If yes, state the following:
Make:			Date fitted:
Fitted by:	Please attach a copy of invoice / certificate		

THEFT OR HIKACKING

Date:	Time:	Place stolen/hijacked from:	
Was the vehicle locked?	Theft:	Hijacking:	Police reference no:
Police Station:	Date reported:		
Describe in detail how the loss occurred:			
Has the vehicle been recovered?			
If received, where can the vehicle be inspected?			

IDENTIFICATION FEATURES

Any dents or scratches? State where:
Details of accessories not standard for the vehicle:
Any changes or alterations made to the vehicle?
Any personal identification marks? State where:
Is there any hidden identification mark on the vehicle? State where:

Is there vehicle sound equipment in the vehicle? If so, state the following:

Make of vehicle sound equipment:	Serial no:
Date installed:	Value:
Name of supplier:	
Is the vehicle sound equipment standard equipment to the motor vehicle?	
Details of any identification marks on the vehicle sound equipment:	

If not standard, please attach a copy of the original invoice for the radio**OTHER INSURANCE**

Is there any other insurance covering this loss / damage?		
If so, state name of insurer:		
Policy no:	Telephone	CODE()

PLEASE NOTE

A copy of the vehicle registration certificate must be attached to this document
You are obliged to identify the vehicle, which may only be recovered some years after the theft

DECLARATION

I / We solemnly declare that the above particulars are correct.

Insured's signature

Date: _____

Registered owner's signature

Date: _____

Driver's signature

Date: _____