

Claim Form - MOTOR THEFT / HI-JACK



Tel:		Fax:	
E-mail:			
Delete sections not applicable			
<b>Insurer</b>	<b>Policy Number</b>		<b>Claim Number</b>
<b>Insured:</b> Name & Occupation Address and (day) telephone no. Identity number/VAT number			
<b>Finance Company</b>	Name:		Branch:
			Account Number:
<b>Vehicle</b>	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:		
<b>Registered Owner</b>	Name:		Identity Number:
<b>Theft Details</b>	Date Of Theft:		
	Time Of Theft:		
	Place Of Theft:		
<b>S.A.P. Details</b>	Police Station & Ref. No:		
	Date Reported:		
	Reported By:		
<b>Circumstances</b>			
<b>Vehicle Recovery Device Details</b>	Was alarm activated? If not, give reasons:		
	Was the vehicle locked? If not, give reasons:		
<b>Anti-Theft Recovery Device Details</b>	Make:		Fitted By:
	Date:		
<b>PLEASE ATTACH PROOF OF DEVICE</b>			
<b>Detail Of Window Markings</b>	Number:		
	Details of scratches, dents, defects, etc:		
<b>DECLARATION</b>	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			

<b>Witnesses:</b>		
Name & address & telephone no.		
Name & address & telephone no.		
<b>Date, time &amp; place</b>		
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?		
<b>Police Details</b>	Name of Police/Traffic officer who recorded details of accident?	Police Station & reference number
Was driver tested for alcohol or drugs?		
<b>Description of accident</b>		
<b>Sketch of accident</b> (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		
<b>Payment Details</b>		
Name of Bank:	Branch:	
Name of Account:	Account No:	
<b>I have inspected the driver's licence and it is free of endorsement/endorsed as shown</b>		
Signature: _____ Capacity: _____		
<b>We hereby declare the foregoing particulars to be true in every respect.</b>		
Signature of Driver: _____ Date: _____		
Signature of Insured: _____ Capacity: _____ Date: _____		
<b>N.B. IT IS IMPORTANT THAT YOU NOTIFY THE INSURERS IMMEDIATELY YOU BECOME AWARE OF ANY IMPENDING PROSECUTION, INQUEST OR DEMAND.</b>		