



Registered FSP No 17607

MOTOR VEHICLE THEFT / HIJACKING CLAIM FORM

Office use only

<b>CLAIM NO</b>	
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Agent / Broker
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Policy no	Identity no
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INSURED			
Name			
Business address			Code
Telephone	(W) (    )	(H) (    )	CELL
Occupation			

VEHICLE			
Name of registered owner			
Address			Code
Telephone	(W) (    )	(H) (    )	CELL
Occupation			

Particulars of last person responsible for vehicle (a copy of his / her driver's license must be attached)
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Name			
Business address			Code
Telephone	(W) (    )	(H) (    )	CELL
Occupation			
Occupation			

Date of Birth	Identity no
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Purpose for which vehicle was used
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Make	Reg no	Model	Year
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Vehicle value	Date of purchase
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Price paid	Colour
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Engine no	Chassis no
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Odometer reading at time of theft / hijacking	If applicable state the following:
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Is the vehicle a "rebuilt" vehicle?	Yes	No	
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Is the vehicle subject to a hire purchase, credit or lease agreement?	Yes	No	
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Name and address of finance company / person	Telephone	CODE	
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Account holder	Account no
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Details of previous claims

Name of insurer	Policy no	Telephone	CODE
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ANTI-THEFT DEVICE
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Anti-theft device fitted?	Yes	No	If yes, state the following:
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Make	Date fitted
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Fitted by	Please attach a copy of invoice / certificate
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Date last tested	
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**THEFT OR HIKACKING**

Date	Time	Place stolen/hijacked from
Was the vehicle locked?	Theft	Hijacking
Police Station	Police reference no	
Describe in detail how the loss occurred		Date reported
Has the vehicle been recovered?		
If received, where can the vehicle be inspected?		
<b>IDENTIFICATION FEATURES</b>		
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 acknowledge the sharing of claims information by insurers is essential to enable the insurance industry to underwrite policies and assess risks fairly and to reduce the incidence of fraudulent claims. In the public interest and with a view to limiting premiums, I/we hereby waive any right to privacy in any insurance or claims information supplied by me or on my behalf in respect of any insurance application or claim made or lodged by me/us and I/we consent to such information being disclosed to any other insurance company or its agent. I/We also waive any rights to privacy and consent to the disclosure of any information relevant to any insurance claim concerning me or any insured person I/we represent

I/We further declare that all the particulars to be true in every respect and correct and I/we understand that if any claim lodged under the policy be in any respect fraudulent or if any fraudulent means or devices be used by me/us or anyone acting on my/our behalf or with his know knowledge or consent to obtain any benefit under this policy or if any event be occasioned by the wilful act or with the connivance of me/us the benefit afforded under this in respect of such claim shall be forfeited.

Insured's Signature

Date

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Registered Owner's Signature

Date

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\_\_\_\_\_

Driver's Signature

Date

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