

MOTOR VEHICLE THEFT

CLAIM FORM

INSURED

Full Name & Surname / Business Name			
ID Number / Business Registration Number			
Policy Number		HP Account Number	
Occupation / Nature of Business			
Residential Address / Business Address		Area Code	
Postal Address		Area Code	
Telephone (W)			
Telephone (Cell)			

VEHICLE

Make	
Model	
Year	
Km's Completed	
Chassis / Vin Number	
Engine Number	
Registration Number	

Finance – Attach copy of vehicle registration certificate	
Date of last service	
Name	
Branch	
Account Number	
Outstanding Hire Purchase Amount	
Registered Owner	
Full Name & Surname / Business Name	
ID Number / Business Registration Number	

Theft / Hijacking		
Date & Time of Loss		
Theft or Hijacking Location		
	Area Code	
Police Station and Reference (Case) Number		
Date Reported		
Reported By		
Please explain circumstances of theft in full		

Tracking Device	
Make	
Fitted By	
Date Fitted	
Copy of Tracker Certificate & Activation Report	
Details of Window Markings or Sign Writing	
Details of Dents, Scratches, Or Other Features of Identification	

DECLARATION

I / We declare that to the best of my / our knowledge the above statements are true. I acknowledge that the information set out above is provided freely so that Insurer may process my claim and give effect to the terms and conditions contained in the policy wording. I herewith give my consent that Insurance Company may use this information, my personal information on record and additional information obtained from other sources in order to determine whether to accept or reject my claim and take all necessary steps ancillary thereto to give effect hereto.

I understand that I may be liable for output VAT in term of section 8(8) of the VAT Act 89 of 1991.

Insured's Signature	Date
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