



MOTOR THEFT / HIJACK CLAIM FORM

INSURED	CLAIM NO			
	POLICY NO			
	NAME			
	IDENTITY NO			
	OCCUPATION			
	ADDRESS			
	(DAY) PHONE NO			
CONTACT PERSON				
VEHICLE	MAKE	MODEL	YEAR	REGISTRATION NO
	KILOMETERS COMPLETED		DATE OF PURCHASE	
	ANTI-THEFT DEVICE DETAILS	MAKE	FITTED BY & DATE	
	DETAILS OF WINDOW MARKINGS	NUMBER	APPLIED BY WHO	
	FIANCÉ DETAILS	FINANCE CO		
		TYPE OF AGREEMENT		
		AMOUNT OWING		
IN WHO'S NAME IS THE VEHICLE REGISTERED (PLEASE ATTACH REGISTRATION CERTIFICATE)				
THEFT DETAILS	THEFT DATE	TIME	PLACE	
	WHAT WAS STOLEN	VEHICLE AND ACCESSORIES		ACCESSORIES ONLY
	DETAILS OF STOLEN ACCESSORIES (PLEASE ATTACH INVOICES)			
	POLICE STATION		REFERENCE NO	
	CIRCUMSTANCES OF THEFT AND/OR HIJACK			
WAS VEHICLE LOCKED				
IDENTIFICAT	CHASSIS NO		ENGINE NO	
	COMPONENT NUMBERS			
	EXTERIOR COLOUR		INTERIOR COLOUR	
	DETAILS OF SCRATCHES/DENTS DEFECTS			
	DETAILS OF PERSONAL HIDDEN IDENTIFICATION MARKS			
	DETAILS OF OTHER FEATURES WHICH WOULD ASSIST IDENTIFICATION			
	WHO IS IN POSSESSION OF VEHICLE KEYS			

DECLARATION

We hereby declare the foregoing particulars be true in every respect

Signature of Insured _____ Capacity _____ Date _____