

Motor Theft/Hi-jack Claim Form

Broker name Insured's surname & initials ID number Physical address Day tel no E-mail address Vehicle Make and model Year and registration no Year Year Reg no Yin number Engine number Mileage Exterior colour Interior colour Interior colour Ves / No If No, give reason Details of any accessories on vehicle Details of anti-theft/vehicle recovery device Details of scratches, dents or defects which would assist with	Policy no and name						
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defects which would assist with							
identification							
Details of other features which							
would assist with identification		Data	1		T '	1	
Date and time of theft Date Time		Date			Time		
Address where vehicle was parked before the theft	-						
In whose possession was the							
vehicle before the theft?							
If other than insured or spouse, give							
reason							

Owner's Details					
Name and ID no of registered owner	Name				
	ID No				

Finance Details								
Name of Finance Company								
Account number								
Type of agreement								
		SAPD	Details					
	Name							
Police Station	Ref no			Tel no				
Date reported to the SAPD	Date		Name of officer					
	Cirour	notor	one of The	f4				
Please attach a c	opy of the r	IISLA	certificate and the la	test service invoice				
	••••	- 9						
		nsured's l	Bank Details					
Name of Bank								
Account Holder								
Branch								
Branch Code								
Account Type								
Account Number								
	lana (h.a. af							
We hereby declare the aforegoing particulars to be true in every respect								
Signaturo Incurad				Data				
Signature Insured				Date				