



FSP NO: 45487  
 PO BOX: 31053, Moreskof, 9462

Motor Theft/Hijacking Claim Form

Insurance Details

Insurer	
Broker	
Policy No.	
Claim No.	

Insured Details

Title, Initials & Surname			
Occupation			
Identity Number			
Residential Address			
Employer Name			
Work Address			
Telephone Number	Day		After Hours

Registered Owner Of Vehicle

Title, Initials & Surname			
Occupation			
Identity Number			
Residential Address			
Employer Name			
Work Address			
Telephone Number	Day		After Hours

Last Drivers Details

Title, Initials & Surname			
Occupation			
Identity Number			
Residential Address			
Employer Name			
Work Address			
Telephone Number	Day		After Hours

Vehicle Information

Date Purchased	
From Whom Purchased	
New or Second Hand	
Make	
Model	
Year of Manufacture	
Registration No.	
Chassis No. (VIN)	
Engine No.	
Exterior Colour	
Interior Colour	
Kilos Completed	
Non-Standard Accessories with which vehicle was equipped	
Scratches, Dents, Defects and Hidden Identification Marks	

Anti-Theft Devices

Type	Make			Certificate?		
Immobilizer	Yes	No		Yes	No	
Gearlock	Yes	No		Yes	No	
Satellite-Tracking	Yes	No		Yes	No	
Other	Yes	No		Yes	No	

Financing Details

Is Vehicle Subject to:	Instalment-Sale Agreement	Yes	No
	Lease Agreement	Yes	No
And if so	Any other tipe of agreement	Yes	No



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Name of Finance Company & Telephone No.	
Date Agreement entered into	
Account Number	
Amount Outstanding	

**Circumstances Of Loss**

Theft	Date vehicle was parked	
	Time Parked	
	Place Parked	
	Was the vehicle locked?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Where did driver go after parking?	
	Date theft was discovered	
	Time theft was discovered	

Hijacking	Date vehicle hijacked	
	Time hijacked	
	Place hijacked (exact location)	
	How many hijackers and how armed	
	Driver or passengers held hostage?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Names and Telephone Numbers of any passengers or witnesses.	
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Who is in possession of vehicle's keys (or spare keys if hijacked)?	
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**Report To Police**

Police Station	
Telephone Number	
Reference Number	
Date Reported	
Time Reported	

**Banking Details**

Bank Name			
Branch Name			
Branch Code			
Type of account	Current <input type="checkbox"/>	Savings <input type="checkbox"/>	Transmission <input type="checkbox"/>
Name of Account Holder			

**Declaration**

I / we hereby declare the forgoing particulars to be true and accurate in every respect.

Signature of Insured		Capacity		Date	
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**Klerksdorp Branch – Head Office.**

Corpus Novem Park 84  
 35B Dr. Yusuf Dadoo  
 Wilkoppies  
 Klerksdorp  
 2571  
 Tel no: 0861 333 403  
 Fax no: 018 468 7555

**Welkom Branch**

8 Opperman Street  
 Jan Cilliers Park  
 Welkom  
 9459  
 Tel no: 018 010 1139  
 Fax no: 018 468 7555