

**MOTOR THEFT CLAIM FORM**

**INSURED and BROKER DETAILS**

Policy number \_\_\_\_\_ Name of Insurer \_\_\_\_\_  
 Insured Name \_\_\_\_\_ ID no./Co. reg. no. \_\_\_\_\_  
 Occupation \_\_\_\_\_ Day tel. no. W \_\_\_\_\_ H \_\_\_\_\_  
 E-mail address \_\_\_\_\_ Cell \_\_\_\_\_ Fax \_\_\_\_\_  
 Physical address \_\_\_\_\_ Code \_\_\_\_\_  
 Contact person \_\_\_\_\_

**FINANCE COMPANY**

Account number \_\_\_\_\_ Name of account holder \_\_\_\_\_  
 Name of institution \_\_\_\_\_ Branch \_\_\_\_\_  
 Type of agreement \_\_\_\_\_ Amount R \_\_\_\_\_  
 Is the registration certificate attached Yes No  
 If financed, have you requested the registration certificate from the finance house Yes No

**REGISTERED OWNER OF VEHICLE**

Name \_\_\_\_\_ ID No./Co. reg. no. \_\_\_\_\_

**VEHICLE**

Manufacturer \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_  
 Kilometres completed \_\_\_\_\_ Registration no. \_\_\_\_\_  
 Engine number \_\_\_\_\_ Vin/Chassis number \_\_\_\_\_  
 Date of purchase (DD/MMM/YYYY) \_\_\_\_\_ Price paid R \_\_\_\_\_  
 Date of last service (DD/MMM/YYYY) \_\_\_\_\_ Component numbers \_\_\_\_\_  
 In whose name the vehicle is registered \_\_\_\_\_

**Identifying features**

For example window markings or markings on body work \_\_\_\_\_  
 Details of scratches, personal hidden identification marks, other features which would assist identification \_\_\_\_\_  
 Extras (Please supply proof of purchase) \_\_\_\_\_  
 Colour: Exterior \_\_\_\_\_ Interior \_\_\_\_\_

**SECURITY DETAILS**

Type of security \_\_\_\_\_ Factory-fitted \_\_\_\_\_ Gearlock \_\_\_\_\_ Tracking \_\_\_\_\_  
 If Tracking is installed  
 Make \_\_\_\_\_ Model \_\_\_\_\_ Year installed \_\_\_\_\_  
 When was theft reported to tracking company (DD/MMM/YYYY) \_\_\_\_\_ Time reported (hh:mm) \_\_\_\_\_  
 Person spoken to \_\_\_\_\_ Reference no. \_\_\_\_\_  
 Fitted by and date \_\_\_\_\_ \* Attach proof of device

**THEFT DETAILS**

Date of theft (DD/MMM/YYYY) \_\_\_\_\_ Time of theft (hh:mm) \_\_\_\_\_  
 Physical address where theft took place \_\_\_\_\_  
 \_\_\_\_\_  
 What was stolen? \_\_\_\_\_  
 Police station \_\_\_\_\_ Case no. \_\_\_\_\_ Name of officer \_\_\_\_\_  
 Date reported to Police (DD/MMM/YYYY) \_\_\_\_\_ Reported by \_\_\_\_\_  
 Driver's name/Person responsible for vehicle \_\_\_\_\_ D.O.B \_\_\_\_\_  
 Contact number \_\_\_\_\_ H \_\_\_\_\_ Cell \_\_\_\_\_ W \_\_\_\_\_  
 Was the vehicle locked    Yes    No    If not, give reasons \_\_\_\_\_  
 \_\_\_\_\_  
 Who is in possession of the vehicle keys? \_\_\_\_\_

**CIRCUMSTANCES OF LOSS**

(Please supply a detailed description of how the loss occurred)

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**DECLARATION**

I/We warrant that the answers given are true and correct. All details provided on this form are done so honestly and in good faith. This means that The Hollard Insurance Company Ltd have been made aware of all important information and that any incorrect information may mean that the claim may be rejected and the policy cancelled.

\_\_\_\_\_  
 Signature of Insured                      Capacity                      Date (DD/MMM/YYYY)

**N.B. IT IS IMPORTANT THAT YOU NOTIFY THE INSURERS IMMEDIATELY WHEN YOU BECOME AWARE OF ANY IMPENDING RECOVERY. KINDLY NOTE THAT THIS FORM MUST BE COMPLETED BY THE CLIENT/POLICY HOLDER/DRIVER ONLY.**