STOLEN OR HIJACKED MOTOR VEHICLE DATA ENTRY CLAIM

Name of Broker _____

Claims handler _____

Policy number _____ Claim number _____

VEHICLE DETAILS

Manufacturer _____ Model _____

Year _____ Colour _____ Value R _____

Engine number _____ VIN number _____

Registration number _____

VEHICLE SECURITY

Immobiliser YES ◯ NO ◯ Make _____

Gearlock YES ◯ NO ◯ Make _____

Tracking device YES ◯ NO ◯ Make _____

INCIDENT DETAILS

Hijack/Theft (specify) _____

Date of incident _____ Time of incident _____

Town and suburb where vehicle was stolen _____

SAPS DETAILS

Police station _____ CR/CAS case no. _____

INSURED'S DETAILS

Initials _____ Surname _____

Address _____

Tel (Home) _____ Tel (Work) _____ Tel (Cell) _____