

## MOTOR THEFT CLAIM

### INSURED and BROKER DETAILS

Policy number \_\_\_\_\_ Name of Insurer \_\_\_\_\_

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

Occupation \_\_\_\_\_ Daytime tel. no. W \_\_\_\_\_ H \_\_\_\_\_

Email 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 number \_\_\_\_\_

Engine number \_\_\_\_\_ Vin/Chassis number \_\_\_\_\_

Date of purchase (DD/MM/YYYY) \_\_\_\_\_ Price paid R \_\_\_\_\_

Date of last service (DD/MM/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/MM/YYYY) \_\_\_\_\_ Time reported (hh:mm) \_\_\_\_\_

Person spoken to \_\_\_\_\_ Reference no. \_\_\_\_\_

Fitted by and date \_\_\_\_\_ \* Attach proof of device

## THEFT DETAILS

Date of theft (DD/MM/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/MM/YYYY) \_\_\_\_\_ Reported by \_\_\_\_\_

Driver's name/Person responsible for vehicle \_\_\_\_\_

Date of birth \_\_\_\_\_

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 has been made aware of all important information and that any incorrect information may mean that the claim may be rejected and the policy cancelled.

## PROTECTION OF PERSONAL INFORMATION

We care about your privacy. In order to provide you with our service, we and our service providers have to process the personal information you provide us with by completing this document. We will treat this information with caution and we have put reasonable security measures in place to protect it.

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Signature of Insured

Capacity

Date (DD/MM/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.**