



## Motor Theft / Hijack Report / Claim Form

---

Claim number (Office use only)

---

### Insurer

---

Claim number

---

Policy number

---

### Broker/Agent

---

Name

---

Claim number

---

### Insured

---

Company Name / Surname and Initials

---

ID Number

---

Bank account number

---

VAT Number

---

Occupation or business

---

Physical address

---

Postal address

---

Business contact number

---

Home contact number

---

### Vehicle

---

Make

---

Model

---

Year of manufacture

---

Registration number

---

Kilometres

---

Current value

---

Vehicle ID. number

---

Chassis number

---

Engine number

---

Exterior colour

---

Interior colour

---

Modification

---

#### HOSPITALITY, INDUSTRIAL & COMMERCIAL UNDERWRITING MANAGERS

Directors D Wilensky (Managing Director), V Hayter (Director), I Chindotana (Director)  
Reg. No. 98/032655/07 | VAT No. 4380178113 | An authorised financial services provider, FSP 5072 | Underwritten by Guardrisk Insurance Company Limited  
Head Office 27 Marcus Road, Bedfordview, 2008 | Postal P O Box 2253 Bedfordview 2008  
Switchboard +27 11 455 5271 | Fax +27 11 450 4307 | info@hicsa.co.za | www.hicsa.co.za

---

State fully purpose for which vehicle was being used

---

**Finance Company**

---

Name

---

Branch

Account number

---

Type of agreement

---

Outstanding amount

---

**Owner**

---

Name

---

Identity number

---

**Driver**

---

Surname and Initials

---

Physical address

---

Identity number

Relationship to Insured

---

Business contact number

Home contact number

---

Occupation

---

**Theft**

---

Date

Time

Place

---

Police Station

Police reference number

Date reported

---

Circumstances

---

Police station

Police reference

---

---

Witness Name

Contact number

Address

---

Witness Name

Contact number

Address

---

Was the vehicle locked? Yes      No      If not, give reasons

---

Details of stolen accessories attach invoices

---

Anti theft device details transponder responder device fitted?      Yes      No

Make

Fitted by

Date

Please attach proof of device

---

Details of window markings

Number

Applied by whom

---

Details of scratches, dents, defects

---

Details of other features which would assist identification

---

Please attach the vehicle keys, a copy of the registration certificate, and the last service invoice

---

### Declaration

---

I/We Hereby declare the foregoing particulars to be true in every respect.

Date

Capacity

Signature of Insured

NB: It is important that you notify the Insurers immediately you become aware of any impending prosecution, inquest or demand.

---