



Claim Form - Motor Theft / Hijack Report

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. 1998/003265/07](#)
[VAT No. 4380178113](#) | An authorised financial services provider, [FSP 5072](#) | Underwritten by Guardrisk Insurance Company Limited
[Head Office](#) 27 Marcus Road, Bedfordview, 2008 | [Postal](#) PO Box 2253 Bedfordview 2008
[Switchboard](#) +27 11 455 5271 | 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

POPI Consent and Declaration

Consent to processing of personal information

The personal information provided by the potential policyholder and/or its representatives in terms of this insurance policy application will be used:

- By the underwriting manager, insurer, its employees and service providers for the provision of policy benefits, underwriting and administration of the policy, statistical analyses and the investigation and processing of claims in terms of the policy;
- To confirm risk information, risk management data, information from public sources including but not limited to addresses, and to verify ownership;
- To comply with legal and regulatory requirements as well as industry codes.

We will take all reasonable steps to ensure that all personal information is used, processed and stored in accordance with the relevant legislation, including but not limited to PAIA and POPIA.

I hereby confirm that all of the Personal Information provided above is accurate and is supplied voluntarily. I hereby authorise processing of my Personal Information as set out above and I understand the purposes for which it is required.

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.
