

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) _____