

# 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) \_\_\_\_\_

**Please complete and submit to [stolenvehicle@hollard.co.za](mailto:stolenvehicle@hollard.co.za)**

