

Motor Theft / Hijack Form

(Skrap wat nie van toepassing is nie)

Voertuigdiefstal / Kaping Eisvorm

(Delete sections not applicable)



RENASA
INSURANCE COMPANY LIMITED

| | | |
|---|---|--|
| Insurer Versekeraar | Claim Number Eisnommer | Policy Number Polisnommer |
| Broker / Agent Makelaar / Agent | Name Naam | Claims Number Eisnommer |
| Insured Versekerde | Surname and Initials Van en Voorletters | Identity Number Identiteitsnommer |
| Occupation or Business Beroep of Besigheid | | |
| Physical Address Fisieke Adres | | |
| | | Postal Code Poskode |
| Postal Address Posadres | | |
| | | Postal Code Poskode |
| Telephone Numbers Telefoonnommers | Business Besigheid () | Home Tuis () |
| Vehicle Voertuig | Name Naam | Model Model |
| Where is vehicle serviced? Dealer name: Waat is voertuig versien? Handelaar naam: | | Date Datum |
| | | Telephone no. Telefoon nr. () |
| Year of Manufacture Jaar van Vervaardiging | Registration Number Registrasienommer | Kilometres Completed Kilometer Afgelê ± |
| Current Value Huidige Waarde | Vehicle ID Number Voertuig ID Nommer | Chassis Number Onderstelnommer |
| Engine Number Enjinnommer | Exterior Colour Kleur Buite | Interior Colour Kleur Binne |
| Modification Wysiging | | |
| Details of previous motor theft/accident claims | | Besonderhede van vorige eise m.b.t. diefstal/ongeluk van voertuig |
| Date of Loss Datum van Verlies | Motor Vehicle involved Voertuig Betrokke | |
| State fully purpose for which vehicle was being used Verduidelik volle doel vir wat voertuig gebruik was | | |
| Finance Company Finansieringsmaatskappy | Name Naam | Branch Tak |
| Account Number Rekeningnommer | Lease <input type="checkbox"/> H.P. <input type="checkbox"/> Paid <input type="checkbox"/> Other <input type="checkbox"/> | Outstanding Amount Uitstaande Bedrag ± |
| Owner Eienaar | Name (if not the Insured) Naam (indien nie Versekerde nie) | Identity Number Identiteitsnommer |
| Driver Bestuurder | Surname and initials Van en voorletters | Identity Number Identiteitsnommer |

| | | | |
|--|--|--|---------------|
| Physical Address Fisieke Adres | | | |
| Relationship to Insured Verwantskap met Versekerde | | Occupation Beroep | |
| Telephone Numbers Telefoonnommers | Business Besigheid () | Home Tuis () | |
| Theft Diefstal | Date Datum | Time Tyd | Place Plek |
| Policy Station Polisiekantoor | | | |
| Police Reference Number Polisieverwysingsnommer | | Date Reported Datum Aangemeld | |
| Circumstances Omstandighede | | | |
| | | | |
| | | | |
| | | | |
| Witness: Getuies: | | Name and Address Naam en Adres | |
| | | Telephone Number Telefoonnommer () | |
| Was the vehicle locked? If not, give reasons Was die voertuig gesluit? Indien nie, voersien redes | | | |
| | | | |
| Details of stolen accessories. Attach invoices Besonderhede van gesteelde toebehore. Heg fakture aan | | | |
| | | | |
| Anti-theft device details: Transender, responder, tracking device fitted Please attach proof of device Besonderhede van diefweertoestel: Aktiveerder of volgtoestel geïnstalleer. Heg asseblief bewys van toestel aan. | Make Fabrikaat | | |
| | Fitted by Geïnstalleer deur | | |
| | Date Datum | | |
| Details of any existing scratches, dents, defects at time of loss Besonderhede van enige krapmerke, duike, defekte by datum van verlies | | | |
| Details of other features which would assist identification Besonderhede van ander kenmerke wat kan help met identifikasie | | | |
| N.B: Please attach the vehicle keys (and duplicates), a copy of the registration certificate and the last service invoice LET WEL: Heg asseblief die voertuigslutels (en duplikate), saam met die registrasiesertifikaat en die laaste diensfaktuur | | | |
| Declaration Verklaring | I/We hereby declare the foregoing particulars to be true in every respect. Ek/Ons verklaar hiermee dat die voorafgaande besonderhede in elke opsig waar is. | | |
| <p>"I acknowledge that the sharing of insurance information for underwriting and claims purposes (including credit information) between insurers is in the public interest as it enables insurers to underwrite policies and assess risks fairly and to reduce the incidence of fraudulent claims with a view to limiting premiums. On my own behalf and on behalf of any person I represent herein, I hereby waive my right to privacy with regard to underwriting or claims information (including credit information) that I provide or that is provided by another person on my behalf in respect of any insurance policy or claim made or lodged by me. I acknowledge that the insurance information provided by me may be stored in the shared database and used as set out above as well as for any decision pertaining to the continuance of my policy or the meeting of any claim I may submit. I consent to such information being disclosed to any other insurance company or its agent. I acknowledge that the information may be verified against legally recognized sources or databases."</p> | | | |
| Signature of Insured Versekerde se Handtekening | Capacity Hoedanigheid | Date Datum | |