

MOTOR THEFT / HIJACKING CLAIM FORM

Policy Details

Insurer	
Broker	
Policy No.	
Claim No.	

Insured Details

Title, Initials & Surname				
Occupation				
Identity Number				
Residential Address				
Employer Name				
Work Address				
Telephone Numbers	Work		Cell	

Registered Owner of Vehicle

Title, Initials & Surname				
Occupation				
Identity Number				
Residential Address				
Employer Name				
Work Address				
Telephone Numbers	Work		Cell	

Natsure HCV & Commercial a division of (Pty) Ltd (Registration No. 1968/004869/07) is an Authorised Financial Services Provider - FSP No. 4578

Directors:

Dr DP Botha (Chairman)
T Davey (Managing Director)
M Appelo
M Meyer
M Pretorius

Head Office:

A Block A, Block@Nature
472 Botterklapper Street
Die Wilgers,
Pretoria East, 0184

T 086 147 7752
F 086 538 5983
www.natsure.co.za

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Last Driver Details

Title, Initials & Surname				
Occupation				
Identity Number				
Residential Address				
Employer Name				
Work Address				
Telephone Numbers	Work		Cell	

Vehicle Information

Date Purchased			
From Whom Purchased			
New or Second Hand			
Make			
Model			
Year of Manufacture			
Registration No.			
Chassis No. (VIN)			
Engine No.			
Exterior Colour			
Interior Colour			
Kilos Completed			
Non-Standard Accessories with which vehicle was equipped			

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Scratches, Dents, Defects, and Hidden Identification Marks	

Anti-Theft Devices

Type				Make	Certificate?			
Immobilizer	Yes		No		Yes		No	
Gearlock	Yes		No		Yes		No	
Satellite-Tracking	Yes		No		Yes		No	
Other	Yes		No		Yes		No	

Financing Details

Is Vehicle Currently Subject to: And if so	Instalment-Sale Agreement	Yes		No	
	Lease Agreement	Yes		No	
	Any Other Type of Agreement	Yes		No	
Name of Finance Company & Telephone No.					
Date Agreement entered into					
Account Number					
Amount Outstanding					

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Circumstances of Loss

Theft	Date vehicle was parked				
	Time Parked				
	Place Parked				
	Was Vehicle Locked?			Yes	No
	Where did the driver go after parking vehicle?				
	Date theft was discovered				
	Time theft was discovered				
Description of Incident					

Hijacking	Date vehicle hijacked				
	Time hijacked				
	Place hijacked (exact location)				
	How many hijacker and how armed?				
	Driver or passenger held hostage?			Yes	No
	If so, where were they released?				
Names and Telephone Numbers of any passengers or witnesses.					

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Who is in possession of vehicle's keys (or spare keys if hijacked)?	
Description of Incident	

Report to Police

Police Station			
Telephone Number			
Reference Number			
Date		Time	

Authority for Payment

It is recommended that any amount payable to you be transmitted by Electronic Bank Transfer for speedier settlement and security reasons. If you are agreeable to this please provide the following information:

Quote		Bank		Branch Code	
Branch Name and Town:					
Account Number:					
Type of Account (Please tick the applicable box)		Current (Cancelled cheque required)		Transmission	Savings
Please Indicate Account Holder Name of					

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Declaration

I / We hereby declare the forgoing particulars to be true and accurate in every respect.

Dated _____ / _____ / 20_____

Signed at _____ this _____ day of _____ 20_____

Name: _____ Witnessed by: _____

Capacity: _____ Signature: _____

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