



Insurance Brokers

Renaissance Insurance Brokers CC

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Motor Theft / Hijacking Claim Form

INSURANCE DETAILS	Insurer			
	Broker			
	Policy No.			
	Claim No.			
INSURED DETAILS	Title, Initials & Surname			
	Occupation			
	Identity No.			
	Residential Address			
	Employer Name			
	Work Address			
	Telephone No's.		Day	After Hours
REGISTERED OWNER OF VEHICLE	Title, Initials & Surname			
	Occupation			
	Identity No.			
	Residential Address			
	Employer Name			
	Work Address			
	Telephone No's		Day	After Hours
DRIVER'S DETAILS	Title, Initials & Surname			
	Occupation			
	Identity No.			
	Residential Address			
	Employer Name			
	Work Address			
	Telephone No's.		Day	After Hours
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			

VEHICLE INFORMATION	If vehicle is subject to Hire Purchase, Credit or Leasing Agreement											
	State name, address & Account No. of Finance Company											
	In whose name is the vehicle registered?											
	Non-Standard Accessories with which vehicle was equipped											
	Scratches, Dents, Defect & Hidden Identification Marks											
ANTI - THEFT DEVICES						Make		Certificate				
	Immobilizer	Yes		No				Yes		No		
	Gearlock	Yes		No				Yes		No		
	Satellite-Tracking	Yes		No				Yes		No		
	Other	Yes		No				Yes		No		
CIRCUMSTANCES OF LOSS	Theft	Date vehicle was parked										
		Time Parked										
		Place Parked										
		Was Vehicle Locked?					Yes		No			
		Where did driver go after parking vehicle?										
		Date theft was discovered										
		Time theft was discovered										
	Hijacking	Date vehicle hijacked										
		Time hijacked										
		Place hijacked (exact location)										
		How many hijackers and how armed?										
		Driver or passengers held hostage?										
		If so, where were they released?					Yes		No			
	Names & telephone No's of any passengers or witnesses.											
	Who is in possession of vehicle's keys (or spare keys if hijacked)?											
REPORT TO POLICE	Police Station											
	Telephone No.											
	Reference No.											
	Date Reported											
	Time Reported											
BANKING DETAILS	Bank Name											
	Branch Name											
	Branch Code											
	Type of Account	Current	Savings				Transmission					
	Name of Account Holder											
DECLARATION	We hereby declare the foregoing particulars to be true in every respect.											
	_____			_____			_____					
	Signature of Insured			Capacity			Date					