

MOTOR THEFT CLAIM

INSURED and BROKER DETAILS

Policy number _____ Name of Insurer _____

Insured Name _____ ID no./Co. reg. no. _____

Occupation _____ Daytime tel. no. W _____ H _____

Email address _____ Cell _____ Fax _____

Physical address _____ Code _____

Contact person _____

FINANCE COMPANY

Account number _____ Name of account holder _____

Name of institution _____ Branch _____

Type of agreement _____ Amount R _____

Is the registration certificate attached YES NO

If financed, have you requested the registration certificate from the finance house YES NO

REGISTERED OWNER OF VEHICLE

Name _____ ID no./Co. reg. no. _____

VEHICLE

Manufacturer _____ Model _____ Year _____

Kilometres completed _____ Registration number _____

Engine number _____ Vin/Chassis number _____

Date of purchase (DD/MM/YYYY) _____ Price paid R _____

Date of last service (DD/MM/YYYY) _____ Component numbers _____

In whose name the vehicle is registered _____

Identifying features

For example window markings or markings on body work _____

Details of scratches, personal hidden identification marks, other features which would assist identification _____

Extras (Please supply proof of purchase) _____

Colour: Exterior _____ Interior _____

DECLARATION

I/We warrant that the answers given are true and correct. All details provided on this form are done so honestly and in good faith. This means that The Hollard Insurance Company Ltd has been made aware of all important information and that any incorrect information may mean that the claim may be rejected and the policy cancelled.

PROTECTION OF PERSONAL INFORMATION

We care about your privacy. In order to provide you with our service, we and our service providers have to process the personal information you provide us with by completing this document. We will treat this information with caution and we have put reasonable security measures in place to protect it.

Signature of Insured

Capacity

Date (DD/MM/YYYY)

N.B. IT IS IMPORTANT THAT YOU NOTIFY THE INSURERS IMMEDIATELY WHEN YOU BECOME AWARE OF ANY IMPENDING RECOVERY. KINDLY NOTE THAT THIS FORM MUST BE COMPLETED BY THE CLIENT/POLICY HOLDER/DRIVER ONLY.