## Administered by:

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121 Bram Fischer Drive, Ferndale, Randburg, 2196

**Underwritten by:** 

## Motor Vehicle Theft/Hijack Claim Form Zurich Insurance Company S.A. Limited

Employee Number						Policy Number				Clai			Num	ber				
	1. INSURED																	
	Title	First names						Suri	name									
	Reside	ential ad	ldres	ss	•				•		•							
				•									Pos	stal C	ode			
	Telephone (work)								Tele	ephone	ne)							
	Cellular number								e-m	e-mail address								
	Occup	ation																
	2. VEHICLE																	
	Name of registered owner				Title		First	names				Surname	е					
	Residential address																	
				•									Pos	stal C	ode			
	Telephone (work)									phone	ne)							
	Cellular number								e-mail address									
	Occupation																	
	Particulars of last person responsible for vehicle (a copy of his/her driver's licence must be attached											ned)						
	Title First names			5				Suri	Surname									
	Residential address																	
	Telephone (work)								Tele	Telephone (home)								
	Cellular number								e-m	e-mail address					-			
	Occupation				Identity no											$\perp$		
	Purpose for which vehicle was used																	
	Make			Model				Year			Reg	g. no						
	Date o	of purch	ase		Ve	hicle \	/alue	R		Price	paid	R		Colo	ur			
	Engine number			Chassis number					VIN number									
	Odometer reading at time					e of theft/hijacking												
	If the vehicle is subject			Name and address of finance company / person														
	to a hire purchase, credit or lease																	
	agree	e the																
	following:									Account no								

3. ANTI-THEFT DEVICE (e.g. alarm, immobiliser, gearlock, tracking, etc.)													
Fitted Yes No If fitted, state the following:													
Device 1	Make				Date fit	fitted		Fitted by				attach a	
Device 2	vice 2 Make Date		Date fit	fitted		Fitted by	Fitted by			invoice			
4 THEFT	OR H	IJACKIN	ıG										
4. THEFT OR HIJACKING  Date Time h Was the v								e vehicle lock	ed	,	Yes 🗆	No □	
Place stole	n/hijack												
Theft													
Police station					Has the v			vehicle beer	vehicle been recovered Yes				
Police station Has the vehicle been recovered Yes No I If recovered, where can the vehicle be inspected?													
E IDENI	TETCA	TTON EE	ATLID	EC									
5. IDENTIFICATION FEATURES  Any dents or scratches? State where													
Any dents	oi sciatt	LIES: Stat	e wilei	6									
Details of accessories that are not standard for the vehicle													
Any alternations or changes made to the vehicle													
Any alterations or changes made to the vehicle													
Any personal identification marks													
Ally person	iai iaciic		iai K5										
Is there an	v hidder	n identific:	ation m	nark on	the vehi	icle?							
13 tricic ari	ly filadei	T Identifie		iaik oii	the veri	icic:							
	Is the	ere vehic	le sou	nd eau	inmen	t in t	he veh	icle? If so s	tate the	follow	ina:		
Is there vehicle sound equipment in the vehicle? If so state the following:  Make of vehicle sound equipment  Serial no								···g·					
Date installed				Value	R				Name of supplier				
Is the vehicle sound equipment standard equipment to the motor vehicle?													
Details of any identification marks on the vehicle sound equipment													
	,				00.0								
	If no	t standa	rd, ple	ease at	tach a	copy	of the	original inv	oice for	the rac	dio.		
			,										
6. OTHER				na Hair I	loog/d		2			V $\Box$	l ai		
Is there an	<u>*                                    </u>		coveri	iig this i					D-1	Yes No No			
If so, state	name o	ınsurer			В	ranci	n office		Policy no				

PLEASE NOTE							
A copy of the vehicle registration certificate must be attached to this document. You are obliged to identify the vehicle, which may only be recovered some years after the theft.							
DECLARATION							
I / We solemnly declare that the above particulars are correct.							
Insured signature	Driver's signature						
Date	Date						