

MOTOR THEFT / HIJACKING CLAIM FORM			
INSURER			BROKER
POLICY NUMBER			Ngenious Business Solutions (Pty) Ltd
		BROKER CONTACT DETAIL	011 760 2124
INSURED	NAME		INSURED CONTACT :
	OCCUPATION / BUSINESS DESCRIPTION		INSURED TEL / CEL NR.
	ADDRESS		INSURED EMAIL :
LOSS DETAIL	Date of Loss :		Time of Loss :
	When was loss discovered ?		
	Was Vehicle Locked ?		
	Place where loss occurred ?		
VEHICLE DETAILS	Vehicle Make		Year of Manufacture
	Vehicle Model		Registered Owner
	Registration Number		Odometer Reading
	VIN Number		Engine Number
	Value		Date of Purchase
	Is vehicle Financed ?		Finance Company
	Outstanding Balance		Finance Account No.
	Total Value of Accessories		Vehicle Colour
	Identifying Marks		Window Markings
	Anti-Theft Devices ?		Data Dot Marking ?
	Details of Accessories & After Market Extra's. (*Proof required*)		
Who is now in possession of keys /spare keys ?			
POLICE DETAILS	Date Reported		Case Number
	Police Station		
DESCRIPTOIN OF THEFT / HIJACKING	Please describe fully how Loss occurred.		
VEHICLES RECOVERED	If vehicle has been recovered, where is the vehicle now ?		
	Contact Details to inspect vehicle. (*Recovered Vehicles*)		
	Are there any visible damage to the vehicle ? (*If YES, Please provide detail of such damages*)		
	Estimate for Repairs. (*Please provide Quotation if possible*)		
PREVIOUS LOSS / DAMAGE HISTORY	Have you previously suffered a loss ?		
	If YES, please provide details thereof :		
	If Insured, provide Details :		
OTHER INSURANCE	Is there any other Insurance policy covering this Loss / Damage ?		
	If YES, please provide Name of Insurer & Policy Number.		

INFORMATION SHARING - CONSENT OF INSURED

- 1 I acknowledge that sharing of insurance information for underwriting and claims purposes (including credit information) between insurers is in the best 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.
- 2 I waive my right to privacy with regard to underwriting or claims information (including credit information) that I provide or that is provide by another person on my behalf in respect of any insurance policy or claim made or lodged by me. This is one my own behalf as well as on behalf of any person I represent in terms of this insurance policy.
- 3 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.
- 4 I consent to such information being disclosed to any other insurance company or its agent.
- 5 I acknowledge that the information may be verified against legally recognised sources or database.

DECLARATION

I / We hereby acknowledge that the insurer may make an enquiry, where applicable, to the South African Crime Bureau or their authorised representatives to obtain any information or detail as being reported on this claim form.

I/We hereby declare that the foregoing particulars to be true in every respect.

Insured Signature		Date (YYYY / MM / DD)	
Capacity		Place	