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

Employee Number		Policy Number		Claim Number	

1. INSURED

Title		First names		Surname	

Residential address	

		Postal Code	

Telephone (work)		Telephone (home)	

Cellular number		e-mail address	

Occupation	

2. VEHICLE

Name of registered owner	Title		First names		Surname	

Residential address	

		Postal Code	

Telephone (work)		Telephone (home)	

Cellular number		e-mail address	

Occupation	

Particulars of last person responsible for vehicle (a copy of his/her driver's licence must be attached)

Title		First names		Surname	

Residential address	

Telephone (work)		Telephone (home)	

Cellular number		e-mail address	

Occupation		Identity no	

Purpose for which vehicle was used	

Make		Model		Year		Reg. no	

Date of purchase		Vehicle value	R	Price paid	R	Colour	

Engine number		Chassis number		VIN number	

Odometer reading at time of theft/hijacking	

If the vehicle is subject to a hire purchase, credit or lease agreement, state the following:	Name and address of finance company / person
	Account no

3. ANTI-THEFT DEVICE (e.g. alarm, immobiliser, gearlock, tracking, etc.)

Fitted	Yes ☐	No ☐	If fitted, state the following:				**Please attach a copy of invoice**
Device 1	Make		Date fitted		Fitted by		
Device 2	Make		Date fitted		Fitted by		

4. THEFT OR HIJACKING

Date		Time	h	Was the vehicle locked	Yes ☐	No ☐
Place stolen/hijacked from						
Theft ☐	Hijack ☐	Police reference no				
Police station		Has the vehicle been recovered	Yes ☐	No ☐		
If recovered, where can the vehicle be inspected?						

5. IDENTIFICATION FEATURES

Any dents or scratches? State where	
Details of accessories that are not standard for the vehicle	
Any alterations or changes made to the vehicle	
Any personal identification marks	
Is there any hidden identification mark on the vehicle?	

Is there vehicle sound equipment in the vehicle? If so state the following:

Make of vehicle sound equipment		Serial no	
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			

If not standard, please attach a copy of the original invoice for the radio.

6. OTHER INSURANCE

Is there any other insurance covering this loss/damage?		Yes ☐	No ☐
If so, state name of insurer		Branch 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 _____	