

MOTOR THEFT/HIJACKING CLAIM FORM

Please e-mail to claims@aum.co.za or fax to 0866 812 540

Broker Details		Policy Number		Claim Number	
Important notes to be read before completing this form					

1. Please fill in ALL RELEVANT SECTIONS OF THIS FORM. A fully completed form will help us to deal with your claim more efficiently.
2. The form should be completed in block capitals.
3. If you need more space to answer any of the questions, please use a separate sheet and ATTACH it to this form.
4. Aquarius Underwriting Managers (Pty) Ltd does not admit liability by issuing this form.
5. If the insured vehicle has been recovered damaged, WE WILL MOVE THE VEHICLE TO A PLACE OF FREE STORAGE PENDING RESOLUTION OF YOUR CLAIM unless you wish to make other arrangements. Please ensure your personal effects are removed from the vehicle.

Warning - Fraud

A fraudulent claim will result in the loss of all policy benefits and may lead to the instigation of criminal proceedings. Insurers pass Claims and underwriting information to the South African Insurance Association SAIA to be placed on the Information Sharing Database. The aim is to help us to check information provided and also to prevent fraudulent claims. Under the conditions of your policy, you must tell us about any incident (such as accident or theft) which may or may not give rise to a claim. We will pass information relating to this incident to SAIA.

Details of Policyholder												
Title		First names		Surname								
Residential address								Postal Code				
Telephone (work)					Telephone (home)							
Cellular number					E-mail address							
Occupation												
Details of 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 license must be attached)												
Title		First names		Surname								
Residential address								Postal Code				
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								
Information if the vehicle is subject to a hire purchase, credit or lease agreement:		Name and address of finance company / person						
		Account no						
Anti-Theft Device (e.g. alarm, immobiliser, gearlock, tracking, etc.)								
Fitted	Yes <input type="checkbox"/> No <input type="checkbox"/>	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			
Theft or Hijacking								
Date		Time	h	Was the vehicle locked		Yes <input type="checkbox"/> No <input type="checkbox"/>		
Place stolen/hijacked from								
Theft	<input type="checkbox"/>	Hijack	<input type="checkbox"/>	Police reference no				
Police station				Has the vehicle been recovered		Yes <input type="checkbox"/> No <input type="checkbox"/>		
If recovered, where can the vehicle be inspected?								
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 or hidden identification marks 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.								
Other Insurance								
Is there any other insurance covering this loss/damage?					Yes <input type="checkbox"/> No <input type="checkbox"/>			
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 _____				