

MOTOR THEFT/HIJACK CLAIM FORM

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| | Claim No: | |
| | Policy No: | |

| | | |
|-------------------------|------------|--|
| BROKER AGENT | Name: | |
| | Claim Ref: | |

| | | |
|----------------|-------------------|------------|
| INSURED | Name of Insured: | |
| | ID No: | |
| | Occupation: | |
| | Physical Address: | |
| | License Details: | |
| | Contact No's: | (Business) |
| | | (Home) |
| | (Mobile) | |

| | | |
|----------------------------|-------------------|--|
| VEHICLE DETAILS | Make: | |
| | Model: | |
| | Year: | |
| | Registration No: | |
| | Odometer Reading: | |
| | Chassis No: | |
| | Engine No: | |
| | VIN: | |
| | Exterior Colour: | |
| | Interior Colour: | |

| | | |
|----------------------------|--------------------|--|
| VEHICLE FINANCE | Finance House: | |
| | Branch: | |
| | Account No: | |
| | Type of Agreement: | |

CPT
0861 682 467 (MUA INS)
PHONE +27 21 525 6200 FAX +27 21 525 6300
ADDRESS Block A & B Edison Square Cnr. Edison
Way & Century Avenue Century City
POSTAL PO Box 84 Century City 7446

DBN
0861 682 467 (MUA INS)
PHONE +27 31 275 8600 FAX +27 31 265 1719
ADDRESS Viewz 11 The Boulevard Westway Office
Park Westville 3630
POSTAL PO Box 2725 Westway 3630

JHB
0861 682 467 (MUA INS)
PHONE +27 11 560 0600 FAX +27 11 327 1710
ADDRESS MUA House 26 Sturdee Avenue Rosebank
Johannesburg 2196
POSTAL PO Box 131152 Bryanston 2021

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|--------------|--|--|-------|----------------|--------|----------|-----|----|
| THEFT | Date: | | Time: | | Place: | | | |
| | Police Station: | | | Date Reported: | | Case No: | | |
| | Was the vehicle locked? If not give reason(s) | | | | | | Yes | No |
| | Circumstances: | | | | | | | |
| | Details of Accessories: | | | | | | | |
| | Anti-Theft device: | | | | | | | |
| | (Please attach proof of device) | | | | | | | |
| | Window marking: | | | Number: | | | | |
| | Applied by: | | | | | | | |
| | Detail of scratches, dents or other defects: | | | | | | | |
| | Other details which would assist identification: | | | | | | | |
| | | | | | | | | |
| | (Please submit the vehicles keys, registration certificate and copy of the last service invoice) | | | | | | | |

| | | | | | | |
|--------------------|---|--|-----------|--|-----------|--|
| DECLARATION | I / We hereby declare that the foregoing particulars to be true in every respect. | | | | | |
| | Signature of driver: | | | | Date: / / | |
| | Signature of owner: | | Capacity: | | Date: / / | |

| | | |
|---------------------|-----------------|--|
| BANK DETAILS | Bank: | |
| | Account Holder: | |
| | Branch Code: | |
| | Account No: | |