



**MOTOR VEHICLE THEFT AND HIJACKING CLAIM
FORM**

2 Hood Avenue, 2nd Floor, Suite 11
Rosebank, 2196
Tel: 27 11 214 7640 Fax: 086 664 5897
Email: admin@oums.co.za

ALL APPLICABLE SECTIONS MUST BE COMPLETED

1. THE INSURED

Broker		Policy Number	
Full Names/Company name			
Company Registration Number			
Tel Number		ID Number	
Address (Physical)		Address (Postal)	

3. THE VEHICLE

Make & Model		Registration No.		Year of manufacture	
Value		KM'S Completed		Gross Vehicle Mass	
Engine Number		Chassis Number			
Vehicle ID Number					
Exterior Colour		Interior Colour			
Is vehicle insured under any other policy?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	If Yes give details
Name and address of registered owner					
Is vehicle under Finance?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Finance House
Outstanding Amount	R				
		Account No.			

2. THE DRIVER AT THE TIME OF THE INCIDENT

Full Names					
Tel Number		ID Number			
Address					
Driver's Licence Code		Driver's Licence No.		Date Issued	
Any physical defects?				Full/ learner's	
Was he/she driving with your permission?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Was he/she in your employ? Y <input type="checkbox"/> N <input type="checkbox"/>
Was the driver sober?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Was a blood sample taken after the accident? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes what was the result?

4. THE INCIDENT DETAILS

Date		Time		Place	
Date reported to Police		Who reported to Police?			
If the accident occurred outside the borders of South Africa, please mention in which country					
Police station/Traffic Department where accident was reported					
Police/Traffic Department reference number					
For what purpose was the vehicle being used at the time of the accident?					
Was the vehicle Locked? If Not give reasons					
Anti-Theft device Make:		Fitted By:		Date Fitted:	
Details of stolen accessories (Please attach Invoices):					



**MOTOR VEHICLE THEFT AND HIJACKING CLAIM
FORM**

2 Hood Avenue, 2nd Floor, Suite 11
Rosebank, 2196
Tel: 27 11 214 7640 Fax: 086 664 5897
Email: admin@oums.co.za

SHORT DESCRIPTION OF THE CIRCUMSTANCES

(If necessary use separate page)

.....
.....
.....
.....
.....
.....

Date:

Were there any witnesses to the incident? If so, give details

Were there any visible marks (Scratches, Dents or Defects) which would assist identification?

SKETCH OF THE INCIDENT

(If necessary use separate page)

Please show clearly the point of impact and indicate the direction of travel by arrows. Also give details of any road safety signs or warning signs in vicinity of scene of incident.

PLEASE ATTACH THE VEHICLE KEYS, A COPY OF REGISTRATION CERTIFICATE, AND THE LAST SERVICE INVOICE

I declare that to the best of my knowledge and belief the foregoing particulars are true, correct and a complete disclosure of the circumstances relating to the claim and I undertake to render to the company any assistance in my power in dealing with the matter.

Signature of Insured..... Capacity..... Date.....