



Motor Theft / Hijack Claim Form

SPECIAL NOTICE

This insurance policy is based on the statements below, made by the proposer or by his/her broker. Any misrepresentations or non-disclosure may repudiate any liability of a claim made against the insurer. If you are in doubt of any question, please supply further information under the remarks section, otherwise it will be taken that you fully understand all the details on this proposal and have completed and understand all questions asked. The proposer must initial the bottom of all pages on this proposal. This contract will not be valid if any of the pages are not initialled by the insured.

Broker Detail

Broker : _____ Inception Date : _____ Policy No. : _____

Personal Details of the Proposed / Insured

Year: _____ Full Names / Surname : _____

ID No: _____ Tel No. (W) : _____ Tel No. (H) : _____

Tel No. (C) : _____ Email : _____

Address : _____

Risk Address : _____

Insured Vehicle

Title : _____ Registration No. _____ Make: _____

Model: _____

Vin No: _____ Engine No: _____

Registered Owner: _____ Registered Owner ID: _____

Address: _____

Regular Driver: _____ Regular Driver ID: _____

Regular driver marital status: _____ Regular driver relationship to insured: _____

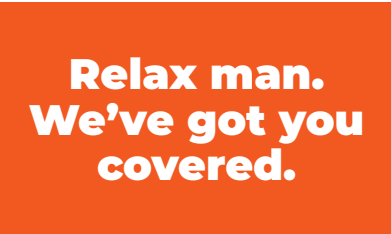
Address: _____

Exterior Colour: _____ Interior Colour: _____

Where is the vehicle serviced? _____ Date last serviced: _____

Anti Theft / Vehicle Recovery device details: _____

Modifications on Vehicle? _____



First 4 Men Insurance Brokers (PTY LTD) | Company registration number: 2008/020612/07
Authorized Financial Services Provider: FSP No: 39313 | Contact details: 087 114 8000
Address: Unit 8, First Floor, Central Park, 13 Esdoring Street, Highveld Techno Park, 0157

Details of Window Markings: _____

Details of Scratches, Dents, Defects Etc: _____

Details of features that can assist with identification: _____

Details of previous motor theft / accident claims: _____

Finance Detail

Is the Vehicle subject to a hire purchase or leasing agreement?

If yes, please name the institution: _____

Account Nr: _____ Contact Nr: _____

Date of Purchase: _____ Dealer Tel No: _____

Current Value: _____

Theft Detail

Date of Theft: _____ Engine No: _____

Place of Theft: _____

Details of stolen accessories (Please attach invoices): _____

What was stolen? Vehicle: _____ Vehicle & Accessories: _____ Accessories only: _____

Police Station: _____ Reference Number: _____

Who reported theft? _____ Date Reported: _____

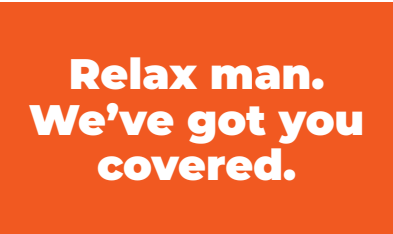
Witness Name: _____ Witness Tel No: _____

Witness Address: _____

Was vehicle locked, if not give reason: _____

Who is in possession of keys: _____

Circumstances of theft: _____



Finance Detail

We hereby declare all particulars to be true in every respect.

Insured's Signature: _____ Capacity: _____ Date: _____

Driver's Signature: _____ Capacity: _____ Date: _____

NB. It is important that you notify the insurers immediately you become aware of any impending prosecution, inquest or demand.

**Relax man.
We've got you
covered.**

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