



insurance done right

One Commercial Investment Holdings PTY LTD

Reg No: 1998/005199/07 Is a juristic representative of:

One Commercial Motor and Liability (Pty) Ltd. FSP: 8783

One Commercial Securities (Pty) Ltd. FSP: 20395

Underwritten by Absa Insurance Risk Management Services LTD and Absa Insurance Company LTD

Tell: 0861 266 562 Address: 54 Maxwell road, Woodmead North office park, Woodmead, Johannesburg

Postal address: Postnet suite 221 PrivateBag X75, Bryanston 2021 Web: www.one.za.com

MOTOR THEFT/HIJACKING CLAIM FORM

Insurance Details

Insurer	
Broker	
Policy No.	
Claim No.	

Insurance Details

Title, Initials & Surname				
Occupation				
Identity Number				
Residential Address				
Employer Name				
Work Address				
Telephone Numbers	Work		Cell	

Registered Owner of Vehicle

Title, Initials & Surname				
Occupation				
Identity Number				
Residential Address				
Employer Name				
Work Address				
Telephone Numbers	Work		Cell	

Last Drivers Details

Title, Initials & Surname				
Occupation				
Identity Number				
Residential Address				
Employer Name				
Work Address				
Telephone Numbers	Work		Cell	

MOTOR THEFT/HIJACKING CLAIM FORM

Vehicle Information

Date Purchased			
From Whom Purchased			
New or Second Hand			
Make			
Model			
Year of Manufacture			
Registration No.			
Chassis No. (VIN)			
Engine No.			
Exterior Colour			
Interior Colour			
Kilos Completed			
Non-Standard Accessories with which vehicle was equipped			
Scratches, Dents, Defects and Hidden Identification Marks			

Anti-Theft Devices

Type					Make	Certificate?			
Immobilizer	Yes		No			Yes		No	
Gearlock	Yes		No			Yes		No	
Satellite-Tracking	Yes		No			Yes		No	
Other	Yes		No			Yes		No	

Financing Details

Is Vehicle Currently Subject to:	Instalment-Sale Agreement	Yes		No	
	Lease Agreement	Yes		No	
	And if so Any other type of agreement	Yes		No	
Name of Finance Company & Telephone No.					
Date Agreement entered into					
Account Number					
Amount Outstanding					

Circumstances of Loss

Theft	Date vehicle was parked				
	Time Parked				
	Place Parked				
	Was Vehicle Locked?	Yes		No	
	Where did driver go after parking vehicle?				
	Date theft was discovered				
	Time theft was discovered				

MOTOR THEFT/HIJACKING CLAIM FORM

Hijacking	Date vehicle hijacked				
	Time hijacked				
	Place hijacked (exact location)				
	How many hijackers and how armed				
	Driver or passengers held hostage?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	If so, where were they released?				
Names and Telephone Numbers of any passengers or witnesses.					
Who is in possession of vehicle's keys (or spare keys if hijacked)?					

Report To Police

Police Station			
Telephone Number			
Reference Number			
Date		Time	

Banking Details

Quote		Bank		Branch code	
Branch Name and Town:					
Account Number:					
Type of Account (Please tick the applicable box)	Current (Cheque) (Cancelled cheque required)		<input type="checkbox"/>	Transmission	<input type="checkbox"/>
Please Indicate Name Of Account Holder					

Declaration

I / We hereby declare the forgoing particulars to be true and accurate in every respect.

Dated ____ / ____ / 200__.

Signed at _____ on this _____ day of _____ in _____ 20_____

Name: _____ Witnessed By: _____

Capacity: _____

Signature: _____ Tel: _____