



**Fundamental
Investments (Pty) Ltd**

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MOTOR VEHICLE THEFT / HIJACKING CLAIM FORM

COVERALL: BROKER SUPPORT SYSTEMS

Agent / Broker:	Policy No.:	Identity No.:
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INSURED

Name:			
Residential Address:			Code:
Telephone:	Work -	Home -	Cell -
Occupation:		Date of Birth:	

Particulars of last person responsible for vehicle
(a copy of his / her driver's licence must be attached)

Name:			
Residential Address:			Code:
Telephone:	Work -	Home -	Cell -
Occupation:			
Date of Birth:		Identity No.:	

VEHICLE

Make:	Registration No.:	Model:	Year:
Vehicle Value:	Odometer reading at time of theft/hijacking:		Date of Purchase:
Price paid:	Colour:		
Engine no.:	Chassis no.:		
Purpose for which Vehicle was used:			
Is the vehicle a "rebuilt" vehicle?			
<input type="checkbox"/> YES			
<input type="checkbox"/> NO			
Is the vehicle subject to a hire purchase, credit or lease agreement?			
<input type="checkbox"/> YES			
<input type="checkbox"/> NO			
If applicable, state the following:			
Name & Telephone Number of finance company / person:			
Address:			Code:
Account holder:			Account No.:

PREVIOUS LOSS / DAMAGE

Have you suffered any loss / Damage before?	
If so, supply dates and details:	
If you were insured, supply Name of insurer:	
Policy Number:	Telephone Number:

ANTI-THEFT DEVICE

Anti-theft device fitted	
<input type="checkbox"/> YES	
<input type="checkbox"/> NO	
If Yes, state the following:	
Make:	Date Fitted:
Fitted by:	PLEASE ATTACH A COPY OF INVOICE / CERTIFICATE

THEFT OR HIJACKING

Date:	Time:	Place stolen/ hijacked from:
Was the vehicle locked at the time of theft?		Date Reported:
Police Station:		Police Case Reference no.:
Describe in detail how the Loss occurred:		
Has the vehicle been recovered?		
<input type="checkbox"/> YES		
<input type="checkbox"/> NO		
If recovered, where can vehicle be inspected for damages?		

IDENTIFICATION FEATURES

Any dents or scratches? State where:
Details of accessories Those that are Not standard for the vehicle:
Any changes or alterations made to the vehicle?
Any personal identification Marks? State where:

Is there vehicle sound equipment in the vehicle?	
<input type="checkbox"/> YES	
<input type="checkbox"/> NO	
If so, state the following:	
Make of vehicle sound Equipment:	Serial Number:
Date Installed:	Value:
Name of supplier:	
Is the vehicle sound equipment standard equipment to the motor vehicle?	
<input type="checkbox"/> YES	
<input type="checkbox"/> NO	
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

NO

If so, give the name of the Insurer:

Policy
Number:

Telephone
Number:

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's Signature

Date

Driver's Signature

Date

Registered Owner's Signature

Date