



## **MOTOR THEFT AND HI-JACK INITIAL CLAIMS NOTIFICATION FORM**

<b>A – Details of the Insurer</b>							
Insurer:	Abelard Underwriting Agency on behalf of Guardrisk Insurance Company Limited						
Policy Number:				Claim No:			
<b>B – Details of the Insured</b>							
Name:				Occupation:			
Physical Address:							
Postal Address:							
Contact Numbers:	Tel:			Fax:			Cell:
<b>C – Insured Vehicle Details</b>							
Registered Owner:							
Vehicle Details:	Make:			Model:			Year:
	Registration Number:			Chassis Number:			
	Vehicle Identification No:			Engine Number:			
	Exterior Colour:			Interior Colour:			
	Kilometers completed:						
If vehicle is subject to hire purchase, credit or leasing agreement please provide the details of the financing company as follows:							
Name:							
Branch:							
Account Number:							
Type of Agreement:							
Outstanding Amount:							
<b>D – Insured Driver Details</b>							
Full Name:							
Residential Address:							
Occupation:							
Identity Number:							
Drivers License:	<b>Please attach a CLEAR copy of both sides of the Drivers License</b>						
Was the driver driving with the Insureds permission?					Yes	No	
<b>D – Circumstances of the Theft / Hi-Jack</b>							
Date:				Time:			
Place:							
SAPS Case Details:	Station:			Case No:			
	Date Reported:			Reported By:			

Details of the Incident:	

### D - Circumstances of the Theft / Hi-Jack Continued

Was the vehicle locked? If not, please provide an explanation.			
Details of stolen accessories. (Please attach invoices)	<b>Details</b>		<b>Seperately Insured ?</b>
			Yes      No
			Yes      No
			Yes      No
			Yes      No
			Yes      No
Anti-Theft / Vehicle recovery device details:	Make:		
	Fitted By:		
	Date:		
Details of window markings:	Number:		
	Applied by whom:		
Details of scratches, dents, defects:			
Details of other features which would assist in identification:			

**PLEASE ATTACH THE VEHICLE KEYS, DEREGISTRATION CERTIFICATE AND LAST SERVICE INVOICE**

### E – Declaration

**I/We hereby warrant the foregoing particulars to be correct, true and accurate in every respect.  
I/We accept and understand that any false or incorrect information could severely prejudice the validity of the claim.**

Signature of Insured:

Capacity:

Date: