

P O Box 4079
Edenvale
1610
DATE:

MOTOR THEFT/HIJACK CLAIM FORM



Email Completed Form
claims@paradigmrisk.co.za

General

Policy no.		Broker		
Insured Name		Initials		Title
I.D No.		VAT Reg No.		
Contact Name		Tel No. (W)		
Address		Cell No. (W)		
		Occupation		

Loss

Date of loss		Place of loss	
Time of loss			

Insured vehicle

Make		Model		Year	
Kilometers					
Registration No.		Date of purchase		Purchase price	R
Alarm/ Immobiliser make					
In whose name is the vehicle registered?					

Please attached a copy of the registration certificate

Financing Details

Finance company	
Type of agreement	
Account No.	

Vehicle Identification

VIN/Chassis No.				
Engine No.				
Interior colour				
Exterior colour				
Windows etched	Y	N	Number	

Provide details of/or other features which could assist in the identification of the vehicle

Accessories

If any accessories were stolen, provide us with as much details possible *(Please attach invoices)*

General Questions

Was the car locked	Y	N
Who is in possession of the vehicle keys?		
What was the purpose of the vehicle / being used for?		
Circumstances of theft/hijack		

Reported to the Police

Y	N
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Police Station

Date reported

Reference No.

Time reported

Other insurance (covering this loss)

Y	N
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Name of Insurer

Banking details

We recommend that payments be made directly to insured's account to avoid fraud and delays

Method of payment

Deposit to bank account

Cheque

If payment is made to bank account, please complete the following:

Name of account holder

Savings Account

Current Account

Transmission Account

Other

Credit Card

Credit Card No.

Account number

Branch code

Name of Branch

Please attach cancelled or used cheque for verification

Declaration

We hereby solemnly declare that the foregoing particulars to be true and accurate in every respect.

Signature of insured: _____ Capacity: _____ Date: _____