

**MOTOR THEFT/HIJACK CLAIM FORM**

	Claim No:	
	Policy No:	

<b>BROKER AGENT</b>	Name:	
	Claim Ref:	

<b>INSURED</b>	Name of Insured:	
	ID No:	
	Occupation:	
	Physical Address:	
	License Details:	
	Contact No's:	(Business)
		(Home)
	(Mobile)	

<b>VEHICLE DETAILS</b>	Make:	
	Model:	
	Year:	
	Registration No:	
	Odometer Reading:	
	Chassis No:	
	Engine No:	
	VIN:	
	Exterior Colour:	
	Interior Colour:	

<b>VEHICLE FINANCE</b>	Finance House:	
	Branch:	
	Account No:	
	Type of Agreement:	

CPT  
0861 682 467 (MUA INS)  
PHONE +27 21 525 6200 FAX +27 21 525 6300  
ADDRESS Block A & B Edison Square Cnr. Edison  
Way & Century Avenue Century City  
POSTAL PO Box 84 Century City 7446

DBN  
0861 682 467 (MUA INS)  
PHONE +27 31 275 8600 FAX +27 31 265 1719  
ADDRESS Viewz 11 The Boulevard Westway Office  
Park Westville 3630  
POSTAL PO Box 2725 Westway 3630

JHB  
0861 682 467 (MUA INS)  
PHONE +27 11 560 0600 FAX +27 11 327 1710  
ADDRESS MUA House 26 Sturdee Avenue Rosebank  
Johannesburg 2196  
POSTAL PO Box 131152 Bryanston 2021

<b>THEFT</b>	Date:		Time:		Place:		
	Police Station:			Date Reported:		Case No:	
	Was the vehicle locked? If not give reason(s)					Yes	No
	Circumstances:						
	Details of Accessories:						
	Anti-Theft device:						
	(Please attach proof of device)						
	Window marking:				Number:		
	Applied by:						
	Detail of scratches, dents or other defects:						
	Other details which would assist identification:						
(Please submit the vehicles keys, registration certificate and copy of the last service invoice)							

<b>DECLARATION</b>	I / We hereby declare that the foregoing particulars to be true in every respect.					
	Signature of driver:				Date:	/ /
	Signature of owner:		Capacity:	Date:	/ /	