

MOTOR THEFT/HIJACK CLAIM FORM



Claim No.	Policy No.
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BROKER AGENT

Name	Claim Ref:
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INSURED/DRIVER DETAILS

Name of insured	ID No
Occupation	License details
Physical Address	
Tel (business)	Tel (home)
Tel (cellphone)	
Advanced Driving Course? (If yes please attach certificate) Yes <input type="checkbox"/> No <input type="checkbox"/>	

VEHICLE DETAILS

Make	Year
Model	Registration No.
Odometer Reading	Chassis No
Engine No	VIN
Exterior Colour	Interior Colour

VEHICLE FINANCE

Finance House	Branch
Account No	Type of Agreement

CPT
PHONE +27 861 682 467 **FAX** +27 86 455 0713
ADDRESS 4th Floor, Gihon Building, Cnr. Bill Bezuidenhout and Sportica Road, Tygervalley
POSTAL PO Box 5777, Tygervalley, 7536
EMAIL ctnquotes@mua.co.za

DBN
PHONE +27 861 682 467 **FAX** +27 86 455 0713
ADDRESS 1st Floor Units 5 & 6, Aloe Block, Fairway Green, 3 Abrey Road, Kloof, 3610
POSTAL PO Box 591 Gillitts 3603
EMAIL dbn-quotes@mua.co.za

JHB
PHONE +27 861 682 467 **FAX** +27 86 455 0713
ADDRESS Ground Floor, Unit 2, Bruton Office Park, 18 Bruton Road, Bryanston
POSTAL PO Box 131152, Bryanston 2021
EMAIL jhbquote@mua.co.za

MUA Insurance Acceptances (Pty) Ltd (Registration number 2008/011925/07) is an authorised Financial Services Provider (FSP No.: 37947) underwriting on behalf of Auto & General Insurance Company Limited (Registration number 1973/016880/06), an authorised Financial Services Provider (FSP No.: 16354).

DIRECTORS V J Hayter C Y Fourie (Managing Director) T Muranda R Farrell **EMAIL** info@mua.co.za **WEB** www.mua.co.za

THEFT

Date	Time
Place	Police Station
Date Reported	Case No
Was the vehicle locked? Yes No	If not give reason(s)
Circumstances	
Details of Accessories	
Anti-Theft device (Please attach proof of device) Yes No	
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)	

DECLARATION

I/we declare that the foregoing particulars to be true in every respect.	
Signature of driver	Date
Signature of owner	Date
Capacity	

BANK DETAILS

Bank	Account Holder
Branch Code	Account No