

MOTOR THEFT/HIJACK CLAIM FORM

	Claim No:	
	Policy No:	

BROKER AGENT	Name:	
	Claim Ref:	

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

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

VEHICLE FINANCE	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

THEFT	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)							

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