



PO Box 2176, ALBERTON, 1450

105 Second Avenue, Florentia, Alberton, 1448

Tel. 086 111 4517

Fax. 086 683 6941 joanette@comins.co.za
 086 683 5864 claims@natnet.co.za

MOTOR THEFT / HIJACK CLAIM FORM

BROKER		
POLICY NUMBER		
INSURED	Name, Occupation & ID. No.	
	Address and (day) Tel. No including postal area and dialing codes	
CIRCUMSTANCE OF LOSS	Date and time of loss	
	Place of loss	
	Cause of loss / Description	
VEHICLE	Make / Model / Year first registered / Kilometers	
	Registration No.	
	Date of purchase / Price paid	
	Estimated market value	
ANTI-THEFT / HIJACK DEVICE	Alarm / Immobiliser / Other	
	Make / Fitted by / Date	
OWNERSHIP / FINANCE DETAILS	In whose name is the vehicle registered?	
	Finance Company	
	Type of agreement / Account number	
VEHICLE IDENTIFICATION	Chassis No. / Engine No. Registration forms required	
	Colour – exterior / interior	
	Are windows etched? If "yes", specify number.	
	How else can the vehicle be identified?	

VEHICLE ACCESSORIES	Radio / Tape / CD player / Other (Please attach invoices)	
GENERAL	In the event of theft – was the vehicle locked / alarmed?	
	Who is in the possession of the vehicle keys?	
	The purpose for which the vehicle was being used	
	In the event of theft / hijack, give circumstances	
POLICE	Police Ref. No. and station and date reported Name of Police officer	
OTHER INSURANCE	Is there any other insurance covering the loss / damage?	
	If so, give name of insurer	
DRIVER	Full name and ID. No.	
	Drivers License No., Date obtained, Place and Code	
	Has license ever been endorsed?	
DECLARATION	<p>Please note that it is an obligation that you identify the vehicle, which may only be recovered some years after theft. I / We declare that the information submitted in this claim form is true in every respect.</p> <p>Signature of driver: _____</p> <p>Signature of Insured: _____ Capacity _____ Date _____</p>	
TOWING CONSENT	<p>Towing of Insured Vehicle Consent</p> <p>I, (Insured), hereby consent to National Network Administrator on behalf of New National Assurance Company moving my vehicle from its current position to an authorised repairer.</p> <p>Further, I confirm that I am fully aware that subject to the New National Assurance Company policy wording, that New National Assurance Company will refund the maximum amount of R2 500 (VAT incl.), towards any towing and release fees pertaining to this claim should I have used the NNA Assist Number for authorisation, otherwise all costs will be for my own account.</p> <p>Signature _____ Date _____</p>	