

## Theft-Hijacking Claim Form

### Policyholder Details

Insurer	Mutual and Federal Risk Financing Ltd						
Insured				Policy Number			
Telephone	Home			Work		Cell	

### Broker Details

Broker Name							
Contact	Tel no			Fax		E-mail	

### Registered Owner Of Vehicle

Full Name & Surname							
Identity Number	Tel no			Fax		E-mail	
Residential Address							
Occupation				Employer name			
Driver's Licence Details	Code			Place of Issue		Date of Issue	
Telephone numbers	Day			After hours			

### Last Driver Details

Full Name & Surname							
Identity Number	Tel no			Fax		E-mail	
Residential Address							
Occupation				Employer name			
Driver's Licence Details	Code			Place of Issue		Date of Issue	
Telephone numbers	Day			After hours			

### Vehicle Information

From Whom Purchased						
Year of Manufacture			New or Second Hand		Date Purchased	
Make			Model		Registration No.	
Chassis No. (VIN)			Engine No.		Exterior Colour	
Interior Colour			Kilos Completed			

Non-Standard Accessories with which vehicle was equipped

Scratches, Dents, Defects and Hidden Identification Marks

### Anti-Theft Devices

Type	Make				Certificate?			
Immobilizer	Yes		No		Yes		No	
Gear lock	Yes		No		Yes		No	
Satellite-Tracking	Yes		No		Yes		No	
Other	Yes		No		Yes		No	

### Financing Details

Is Vehicle Currently Subject to:	Instalment-Sale Agreement	Yes		No	
	Lease Agreement	Yes		No	
And if so	Any other type of agreement	Yes		No	
Name of Finance Company and Telephone number		Date Agreement entered into			
Account Number		Amount Outstanding			

### Circumstances Of Loss

Theft	Date vehicle was parked				
	Time Parked				
	Place Parked				
	Was Vehicle Locked?	Yes		No	
	Where did driver go after parking vehicle?				
	Date theft was discovered				
	Time theft was discovered				
Hijacking	Date vehicle hijacked				
	Time hijacked				
	Place hijacked (exact location)				
	Driver or passengers held hostage?	Yes		No	
	How many hijackers and how armed				
	If so, where were they released?				

Description of theft / hijacking?	
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Who is in possession of vehicle's keys (or spare keys if hijacked)?	
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### Police

Name of Officer who recorded details of accident			
Police Station			
Date reported		Police Ref no	

### Banking Details

Name of account holder					
Bank		Branch code			
Branch name		Account number			
Type of account (Please tick the applicable box)	Current (Cheque) (Cancelled cheque required)		Transmission		Savings



## Your Responsibility

### Stolen Vehicles

1. Report the incident immediately to the following numbers | 083 778 8560 / 083 778 8563 / 011 968 9942
2. Copy of ID and Drivers License (HCV – PrDP)
3. Copy of the Registration Certificate.
4. Full Third Party details.
5. SAP Case Number and confirmation if SAP were on the scene.
6. Location of vehicle in order to appoint assessor.
7. Confirmation of vehicle towed - if by whom and where / Towing Invoice.
8. Completed claim form.
9. Full description of accident.
10. HCV – Load documentation.
11. Full contact details of the driver and / or owner of the vehicle.
12. Motor theft claim form.
13. SAP 21.

**Disclaimer**

You are responsible for giving us true and complete information relevant to this claim. You hereby confirm that your loss or damage occurred during the period of insurance.

Signed at: \_\_\_\_\_ Signature: \_\_\_\_\_

Name and surname of signatory: \_\_\_\_\_

Designation: \_\_\_\_\_ Date: \_\_\_\_\_

**Ibiliti Underwriting Managers**

Tel: 010 590 5511  
E-mail: [claims@ibiliti.co.za](mailto:claims@ibiliti.co.za)  
[www.ibiliti.co.za](http://www.ibiliti.co.za)

**Physical address:**

The Pivot, Block D, 2nd Floor, Montecasino Boulevard, Fourways, 2191

**Postal address:**

Postnet Suite 984 Private Bag X153, Bryanston, 2021