Hollard.

STOLEN OR HI-JACKED MOTOR VEHICLE DATA ENTRY CLAIM FORM

Name of Broker _____

Claims handler _____

Policy number _____ Claim number _____

VEHICLE DETAILS

Manufacturer _____ Model _____

Year _____ Colour _____ Value R _____

Engine number _____ VIN number _____

Registration number _____

VEHICLE SECURITY

Immobiliser   Yes   No   Make _____

Gearlock   Yes   No   Make _____

Tracking device   Yes   No   Make _____

INCIDENT DETAILS

Hi-jack/Theft (specify) _____

Date of incident _____ Time of incident _____

Town and suburb where vehicle was stolen _____

SAPS DETAILS

Police station _____ CR/CAS Case No _____

(INSURED'S) DETAILS

Initials _____ Surname _____

Address _____

Tel (Home) _____ Tel (Work) _____ Tel (Cell) _____

Please complete and submit to stolenvehicle@hollard.co.za