

## Motor Theft / Hijack Form

(Skrap wat nie van toepassing is nie)

## Voertuigdiefstal / Kaping Eisvorm

(Delete sections not applicable)



**RENASAS**  
INSURANCE COMPANY LIMITED

Insurer Versekeraar	Claim Number Eisnommer	Policy Number Polisnommer
Broker / Agent Makelaar / Agent	Name Naam	Claims Number Eisnommer
Insured Versekerde	Surname and Initials Van en Voorletters	Identity Number Identiteitsnommer
Occupation or Business Beroep of Besigheid		
Physical Address Fisieke Adres		
		Postal Code Poskode
Postal Address Posadres		
		Postal Code Poskode
Telephone Numbers Telefoonnommers	Business Besigheid ( )	Home Tuis ( )
Vehicle Voertuig	Name Naam	Model Model
Where is vehicle serviced? Dealer name: Waat is voertuig versien? Handelaar naam:	Date Datum	Telephone no. Telefoon nr. ( )
Year of Manufacture Jaar van Vervaardiging	Registration Number Registrasienommer	Kilometres Completed Kilometer Afgelê ±
Current Value Huidige Waarde	Vehicle ID Number Voertuig ID Nommer	Chassis Number Onderstelnommer
Engine Number Enjinnommer	Exterior Colour Kleur Buite	Interior Colour Kleur Binne
Modification Wysiging		
Details of previous motor theft/accident claims		Besonderhede van vorige eise m.b.t. diefstal/ongeluk van voertuig
Date of Loss Datum van Verlies	Motor Vehicle involved Voertuig Betrokke	
State fully purpose for which vehicle was being used Verduidelik volle doel vir wat voertuig gebruik was		
Finance Company Finansieringsmaatskappy	Name Naam	Branch Tak
Account Number Rekeningnommer	Lease <input type="checkbox"/> H.P. <input type="checkbox"/> Paid <input type="checkbox"/> Other <input type="checkbox"/>	Outstanding Amount Uitstaande Bedrag ±
Owner Eienaar	Name (if not the Insured) Naam (indien nie Versekerde nie)	Identity Number Identiteitsnommer
Driver Bestuurder	Surname and initials Van en voorletters	Identity Number Identiteitsnommer

Physical Address Fisieke Adres			
Relationship to Insured Verwantskap met Versekerde		Occupation Beroep	
Telephone Numbers Telefoonnommers	Business Besigheid ( )	Home Tuis ( )	
Theft Diefstal	Date Datum	Time Tyd	Place Plek
Policy Station Polisiekantoor			
Police Reference Number Polisieverwysingsnommer		Date Reported Datum Aangemeld	
Circumstances Omstandighede			
Witness: Getuies:		Name and Address Naam en Adres	
		Telephone Number Telefoonnommer ( )	
Was the vehicle locked? If not, give reasons Was die voertuig gesluit? Indien nie, voersien redes			
Details of stolen accessories. Attach invoices Besonderhede van gesteelde toebehore. Heg fakture aan			
Anti-theft device details: Transender, responder, tracking device fitted Please attach proof of device Besonderhede van diefweertoestel: Aktiveerder of volgtoestel geïnstalleer. Heg asseblief bewys van toestel aan.		Make Fabrikaat	
		Fitted by Geïnstalleer deur	
		Date Datum	
Details of any existing scratches, dents, defects at time of loss Besonderhede van enige krapmerke, duike, defekte by datum van verlies			
Details of other features which would assist identification Besonderhede van ander kenmerke wat kan help met identifikasie			
N.B: Please attach the vehicle keys (and duplicates), a copy of the registration certificate and the last service invoice LET WEL: Heg asseblief die voertuigsluiters (en duplikate), saam met die registrasiesertifikaat en die laaste diensfaktuur			
Declaration Verklaring	I/We hereby declare the foregoing particulars to be true in every respect. Ek/Ons verklaar hiermee dat die voorafgaande besonderhede in elke opsig waar is.		
<p>"I acknowledge that the sharing of insurance information for underwriting and claims purposes (including credit information) between insurers is in the public interest as it enables insurers to underwrite policies and assess risks fairly and to reduce the incidence of fraudulent claims with a view to limiting premiums. On my own behalf and on behalf of any person I represent herein, I hereby waive my right to privacy with regard to underwriting or claims information (including credit information) that I provide or that is provided by another person on my behalf in respect of any insurance policy or claim made or lodged by me. I acknowledge that the insurance information provided by me may be stored in the shared database and used as set out above as well as for any decision pertaining to the continuance of my policy or the meeting of any claim I may submit. I consent to such information being disclosed to any other insurance company or its agent. I acknowledge that the information may be verified against legally recognized sources or databases."</p>			
Signature of Insured Versekerde se Handtekening	Capacity Hoedanigheid	Date Datum	