

Plant Theft Hi-Jack Form

Fill in application form

A. Contact Details

Tel Number

Fax Number

Email

B. Insured Details

Name of Insured

Address

City

Province

Country

Area Code

Occupation

Telephone No

Identity No

VAT Number

C. Finance Company

Name

Branch

Account Number

Type

D. Vehicle

Make

Tare

Gross veh. mass

Kilometers completed

Registration No.

Value

Model

Year

Date of purchase

Last Service

Engine No

Colour Exterior

Colour Interior

Chassis no

Plant Theft Hi-Jack Form Continue

E. Registered Owner

Name

Identity no

F. Theft Details

Date of Theft

Time of Theft

Place of Theft

G. S.A.P Details

Police Station

Reference no

Date Reported

Reported by

H. Circumstances

Description

I. Vehicle Recovery Device Details

Was alarm activated? Yes No

If not, give reason

Was the vehicle locked? Yes No

If not, give reason

Authorised Financial Services Provider - FSP NO: 20816

Plant Theft Hi-Jack Form Continue

J. Anti-Theft Recovery Device Details

Make

Fitted by

Date

Copy of proof of device is required with form

K. Details of Window Markings

Number

Details of scratches, dents, defects, etc.

L. Declaration

By completing and submitting form you declare the forgoing particulars to be true in every respect

NB It is Important that you notify the insurers immediately you become aware of any impending prosecution, Inquest or Demand. Kindly note that this form must be completed by the client / Policy Holder / Insured Only !

Form Completed by

Date

Signature of Driver:

Date

Signature of Insured:

Date