

MOTOR EXTENSION CLAIM (Locks and Keys/Radio)

Insured and broker details

Policy no.:			Name of Insurer:		
Insured	Name:		ID no./Co. reg. no.:		
	Occupation:		Tel. no.	W:	H:
	Email address:		Cell:		Fax:
	Physical address:				Code:

Vehicle

Make:		Model:	
Year:		Registration no.:	

Description Of Incident

Damage

Area of damage to own vehicle:		
Estimate for repairs or attach quotation:	R	
Repairer's name:		Contact no.:
Repairer's address:		
Date of incident (dd/mm/yyyy):		Time of incident (hh:mm):
Place where incident occurred:		

Full description of incident

Declaration

I/We Warrant That The Answers Given Are True And Correct. All Details Provided On This Form Are Done So Honestly And In Good faith. This means that the Insurer has been made aware of all important information and that any incorrect information may mean that the claim may be rejected and the policy cancelled.

Protection of personal information

We care about your privacy. In order to provide you with our service, we and our service providers have to process the personal information you provide us with by completing this document. We will treat this information with caution and we have put reasonable security measures in place to protect it.

Signature of Insured

Date (dd/mm/yyyy)