

MOTOR EXTENSIONS CLAIM FORM
(Locks & Keys/Radio)

INSURED & BROKER DETAILS

Policy No. _____ Name of Insurer _____
 Insured Name _____ ID No./Co. Reg. No. _____
 Occupation _____ Tel. No. W _____ H _____
 E-mail 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

We hereby declare all particulars to be true in every respect.

 Signature of Insured

 Date (DD/MM/YYYY)