

CLAIM FORM (LOSS OF KEYS/LOCKS/RADIO/HEADLAMP BREAKAGE)

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| INSURED & BROKER DETAILS |

**POLICY NO: BROKER**

Name: ID Number

Occupation: Contact Numbers (H) (W)

E-mail Address: (Cell) (Fax)

Physical Address: Code:

**VEHICLE**

Make: Model Year

Registration No

**DRIVER**

Full Name: ID Number:

Address: Contact No

**DAMAGE**

Area of Damage to own vehicle:

Estimate for repairs or attach quotation:

Repairer’s name: Contact Number:

Address:

Date (DD/MM/YYYY) Time (HH:mm)

Place where Incident occurred

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|  **Full Description of Incident** |
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**DECLARATION:** We hereby declare all particulars to be true in every respect.

Signature of Insured: Date(DD/MM/YYYY)

Signature of Driver (if not insured) Date (DD/MM/YYYY)

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| NB: IT IS IMPORTANT THAT YOU NOTIFY THE INSURERS IMMEDIATELY YOU BECOME AWARE OD ANY IMPENDING PROCECUTION, INQUEST OR DEMAND.KINDLY NOTE THAT THIS FORM MUST BE COMPLETED BY THE CLEINT/POLICY HOLDER/DRIVER ONLY. |