GENLIB
SPECIALISED INSURANCE & INNOVATIVE SOLUTIONS
FOR BROKERS

NEW FOR OLD VEHICLE COVER – INCEPTION VALUE POLICY (IVP)

CLAIM FORM

DETAILS OF POLICYHOLDER

Company Name / Full Name (if Individual)	
Policy Number	
Contact Person	
Telephone Number	
Email	

DETAILS OF UNDERLYING MOTOR POLICY & CLAIM

Details of Underlying Insurance Policy	
Name of Insurer	
Policy Number	
Date of Loss	
Date of Signed AOL from Insurer	
Details of Vehicle	
Current Retail Vehicle Value	R
Make & Model	
Year	
Registration Number	
VIN Number	
Engine Number	

#	Copy documents to be submitted with claim	Included	
1	Underlying Insurer Policy Schedule	Yes ☐	No ☐
2	Underlying Signed AOL from Insurer	Yes ☐	No ☐
3	Settlement Quotation Letter (if financed)	Yes ☐	No ☐
4	NATIS Registration (Certificate of Registration RC1)	Yes ☐	No ☐

DECLARATION & SIGNATURE

I hereby declare that all statements made herein are true and correct and that there are no other material facts regarding the incident that should be disclosed. I further agree that if any statement or particulars herein are supplied by any person other than myself, that the person shall be deemed to have been acting as my agent for the purpose of this claim form.

Any untrue or incorrect statements in this claim form may result in the claim being rejected. I / We hereby declare that all the information given is true and correct.

Signature	
Name	
Designation	
Date	