

### INTERMEDIARY DETAILS

The purpose of this form is to assist with the urgent registration of claims.

Intermediary:		Contact person:	
Your reference:		Contact number:	
Date:		Email address:	

### POLICYHOLDER DETAILS

Policyholder:		Policy number:	
Contact person:		Contact number:	
Risk address:		Postal code:	

### NON-MOTOR CLAIMS

Applicable policy section:			
Date of loss:		Place of loss:	
Short description of the loss:			

### MOTOR CLAIMS

Own damage <input type="checkbox"/>	3rd party damage <input type="checkbox"/>	Theft/hi-jacking <input type="checkbox"/>	Windscreen <input type="checkbox"/>
Vehicle make & model:		Registration number:	
Date of loss:		Place of loss:	
Current vehicle location:			
Short description of the loss:			

### DOCUMENTATION REQUIRED

We require a full set of digital photographs of the damages resultant from the event giving rise to this claim. This includes clear photos of the vehicle license disc, odometer reading, all 4 tyres (full view of each), gear lever to establish whether the gear shifting is automatic or manual as well as all round photos of the vehicle.

### DECLARATION

I/We declare that to the best of my/our knowledge the above statement/s and information is true and correct.

I/We understand that the policyholder is required to submit a duly completed and signed claim form before the claim may be settled.

Signed by intermediary: \_\_\_\_\_ Date: \_\_\_\_\_ Signature: \_\_\_\_\_