





PROPERTY LOSS / DAMAGE CLAIM FORM

Name of Policy Holder:								
Policy Holder ID Number:								
Address:								
Tel. No:								
Email address:			•					
SAP Ref. & Station								
Date / Time of Loss:								
Place of Loss or Damage								
When was loss or damage discovered?								
Were premises occupied? If so, by whom?								
Purpose of occupation	Private		Business					
Describe in full how the								
Loss or Damage								
Occurred			,					
Have you previously suffered any loss/damage			·····					
If so give details								
Is there any other policy covering this loss/ damage goods?								
Has salvage, been handed to African Rand/ Insurance Broker								
I declare that the above information is	s true and	correct.						
DATESIGNATURE OF INSURED								
				•				
				Page 2 g				

STATEMENT OF PROPERTY LOSS / STOLEN OF DAMAGED.

No	Description of Property	Amount Claimed
٠	R	
I hereby o	declare that I have suffered a loss of propert sole owner of the property.	y as listed above and that I
insured Full	Name:	
	alure:	
Date:		
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Directors: D van Schoor

A Venter

African Rand Underwriting Managers (Pty) Ltd.

Reg No. 2004/007797/07

Authorised Financial Services Provider FSB: 5742

49 Sophia Street

Fairland, 2030

P.O. Box 731386, Fairland, 2030 Phone: +2711 678-1354/5/6

Fax: +2711 678-1357



DOCUMENTS REQUIRED FOR MOTOR ACCIDENT CLAIM

- 1) Fully completed claim form, signed by client. (Sketch and description).
- 2) Copy of ID document and driver's licence of the driver.
- 3) 1X quotation for the repair of damage.
- 4) Full details of other people involved in the accident, as well as witnesses.

In the event off the vehicle being a write off, the following documentation will be needed:

- Keys & vehicle:documents (manuals).
- 2) Original registration certificate.
- 3) Letter from the bank in respect of settlement figure.
- 4) Two:signed:change-of-ownership:forms.

PLEASE NOTE THAT SHOULD YOU FAX THE DOCUMENTS TO US, WE STILL REQUIRE THE ORIGINAL DOCUMENTATION BEFORE A CLAIM CAN BE FINALISED.

PLEASE PHONE AFTER THE DOCUMENTATION HAS BEEN FAXED TO CONFIRM THAT ALL PAGES ARE LEGIBLE

Please remember that claims must be reported to us within 30 days of the date of loss. If not, we are unable to entertain the claim.

Please enlarge the licence's both sides and make it slightly lighter before faxing







INSURED													
POLICY NUMBER													
NAME AND SURNAM	E												
ADDRESS						•							<u> </u>
CONTACT NUMBERS	וד :	EL				-				FAX			
VEHICLE													
Make and model (e.g.	Toyola Conque	est 1.6 gli)		Yea	r	Rec	Istrati	on nu	mber		Value	Kilomete	rs completed
Date of purchase			!	Pri	L ce pal		F			R		<u> </u>	
	ancing compan	ıy	<u> </u>	ranch		<u> </u>	1	oe oi :	green	en!	Accou	ıt number	Ampunt
detalls		·											
`					DA	MA	GE				······································		
Damage to own vehicle													
Estimate for repairs (at		'	R			$\underline{\square}$							
'Repairer's name, addr	ess and telephi	one no.								****			
Where can your dama	ged vehicle be	inspected'	7										
				וס	RIVE	H-LD	=ı.AI	s		<u></u>			
Fullname								lda	niiy n	umber			
Address													
Occupation								Telepi	топе п	្តាក្នុង ប្រាប់			<u>.</u>
Drivers licence details:		Leamers II: : first Issue:						\Box		ide			., .
State the purpose for y						_			P	ICB of Is	sue		
Was he/she driving wit			YES	ND	1	Was	he/sl	e in v	our em	nlov?	YES 1	<u> </u>	
.ls he/she owner of ano		i i	YES	NO	i			,	J	,	720 1	10	•
Il YES, provide name d	of Insurer and p	oolicy numb	Der '										
Datalis of any conviction	na lor motoring	g oliences	•				******					-	
Has license ever been	?baarobne						•			••			
Has he/she any physic	al defects?												
Details of previous acc	idents												
			19.00	PASS	SENG	EH	DET	AILS			•		
		Name	•						Addre		1	Injury .	
Passengers in insured vehicle													
HISDIES AGUNCIA						_							. ,
For what purpose were	they transport	ted?	_		<u> </u>			·			Ara th	ey employee	e7
											nie u	e in thin in its	<u></u>
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wred				ACCIDENT DETAILS											
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	,	Visibility?													
,			Width of re	oad?			-								
			Street ligh	ilng?			-								
). hooler, in	ficator)				•		- -								
who recorde	d details of accid	dent	Palice sta	-	Police reference number										
Sagun		·			!										
3	hooler, inchercing	hooler, indicator) ho recorded details of acci	hooter, indicator) ho recorded details of accident ugs?	Visibility Width of respondent Street light The recorded details of accident Police startings?	Visibility? Width of road? Street lighting? honer, indicator) horecorded details of accident Police station ugs?	Visibility? Width of road? Street lighting? hooter, indicator) ho recorded details of accident Police station ugs?	Visibility? Width of road? Street lighting? hooter, indicator) ho recorded details of accident Police station Police reference numbers.								

	PLEASE INDICATE CLEARLY THE POINT OF IMPACT AND INDICATE THE DI GIVE DETAILS OF ANY ROAD SAFETY SIGNS OR WARNING SIGNS IN VI	IRECTION OF TRAVEL BY ARROWS. CINITY OF SCENE OF ACCIDENT.
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l	·	1
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SKETCH OF ACCIDENT	·	
(If necessary use separale page)		
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	·	
1997.	LICENCEINSESCTION	
I have inspected the driver's i	cence and it is free of andorsements/endorsed as shown.	
(Please attach copies of dr	ver's licence and page 1 of driver's identity document.)	-
	DECLARATION	<u> </u>
I/WE HEREBY I	DECLARE THE FOREGOING PARTICULARS TO BE TRUE	IN EVERY RESPECT.
I HEREBY AUTHORIS	E THE INSURANCE COMPANY TO OBTAIN THE POLICE BEHALF.	ACCIDENT REPORT ON MY
Signature of driver		Date
Signature of Insured	Capacity	Date
NB It is important ti	nat you notify the insurers immediately should you becom prosecution, inquest or demand.	ne aware of any impending
<u> </u>		
•		
	•	

DETAILS OF OTHER DRIVER INVOLVED IN THE ACCIDENT

IN THE EVENT OF A THIRD PARTY BEING RESPONSIBLE FOR DAMAGE TO YOUR VEHICLE,								_								
WE CAN ATTEMPT TO RECOVER YOUR EXCESS. PLEASE SUPPLY US WITH ALL THE RELEVANT DETAILS OF THE THIRD PARTY																
POLICY NUMBER																
NAME AND SURENAM	AE												*. !			
ADDRESS										•						1
CONTACT NUMBERS		TEL		-					EMA	NL	<u> </u>	•				
Occupation	on Identity number															
Drivers licence details:	F	ulVLear	ers licence					-	Code				7			-
State the purpose for w	thich the ve	hicle wa	s being.use	ed .							-					
Name of Insurer and p	policy numb	er				•								-	_	
					3	/EHIC	LE									
Make and model (e.c.	Tovota Con	ouest 1.6	i ali)	Yea	r I	Regist	ation r	umber	1	Valı	18	Ţ	Kilomete	re-comp	leted	!
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					Ţ.)AMA(ΞΞ									
Damage.to vehicle																
Estimate for repairs (at	tach quotati	ion)	FI	_										-		_
Where can your damag	jed vehida l	be inspe	cled?													
				PASSE	NGE	R'DET	AllS	IF AN	V			_				
		N	ame		Т	-		Addı		-	- ::	_			ijury	-
Passengers in					 								_		ijui y	
insured vehicle					_											_
For what access were	Ibas teas									-	_					
For what purpose were they transported? WITNESSES Are they employees?									`							
	1 .															
Name, address and telephone number	2			•						·		_				
	3					 _										
<u></u>	·		,													

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Fax: +2711 678-1357



DOCUMENTS NEEDED FOR A MOTOR THEFT CLAIM

The following are required:

- 1) Fully completed claim form, signed by client. (Full description of loss).
- 2) Police reference number and name of police station where reported.
- 3) Copy of driver's ID document and licence.

Please enlarged the card licence both sides and make it slightly lighter before faxing

- 5) Proof of vehicle security (e.g. gearlock/ immobiliser/vehicle tracking certificates).
- 6) Keys & vehicle documents (manuals).
- 7) Original registration certificate.
- 8) Letter from the bank in respect of settlement figure.
- 9) Two signed change-of-ownership forms.

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Page 1 of 2







MOTOR THEFT CLAIM

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NAME AND OCCUPATION									TERCENO - 1	
ADDRESS										
CONTACT NUMBERS	TEL					eMail				
Make and model (e.g. Toyota Conques	t 1.6 gli)			Year	F	Registratio	n number	Kilon	neters Completed	
Anti-theft devices: Make	ted by and date	Γ							ا ا	
Details of window markings:		iou by una cate	<u> </u>							_
Number Number	T Ap	plied by whom?								ן '
Financing details:	<u></u> '	. ,								-
Finance company	Bran	nch	Type of	agreeme	ent	Acc	count numb	er	Amount	7
, ,										1
In whose name is the vehicle registered?										
			HEFT DE	TAILS						
Date, time and place of theft		The state of the s		1//	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
bate, and and place of their										
What was stolen? (Tick relevant box)	V	Vehicle and accessories Accessories only								
Circumstances of theft										
Police ref. no.		Stati	on				Date report	ted _		
Chassis no.				Engine no	J.					
Exterior colour				nterior co						
						L				
Details of other features which would assist identification										
Who is in possession of vehicle keys?										
		DI	ECLARAT	ION			**************************************			
I/WE HEREBY DECLARE THE FORE	GOING PAR	TICULARS TO I	BE TRUE II	N EVERY	RESI	PECT.				
Signature of insured		C	apacity				а	ıt		