



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 true and correct.

DATE _____ SIGNATURE OF INSURED _____

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

- 1) Keys & vehicle documents (manuals).
- 2) Original registration certificate.
- 3) Letter from the bank in respect of settlement figures.
- 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

PLEASE INDICATE CLEARLY THE POINT OF IMPACT AND INDICATE THE DIRECTION OF TRAVEL BY ARROWS.
GIVE DETAILS OF ANY ROAD SAFETY SIGNS OR WARNING SIGNS IN VICINITY OF SCENE OF ACCIDENT.

SKETCH OF ACCIDENT
(If necessary use
separate page)

LICENCE INSPECTION

I have inspected the driver's licence and it is free of endorsements/endorsed as shown.

(Please attach copies of driver's licence and page 1 of driver's identity document.)

DECLARATION

I/WE HEREBY DECLARE THE FOREGOING PARTICULARS TO BE TRUE IN EVERY RESPECT.

I HEREBY AUTHORISE THE INSURANCE COMPANY TO OBTAIN THE POLICE ACCIDENT REPORT ON MY BEHALF.

Signature of driver _____ Date _____

Signature of Insured _____ Capacity _____ Date _____

NB It is important that you notify the insurers immediately should you become aware of any impending prosecution, inquest or demand.

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	<input style="width: 100%;" type="text"/>			
NAME AND SURNAME	<input style="width: 100%;" type="text"/>			
ADDRESS	<input style="width: 100%;" type="text"/>			
CONTACT NUMBERS	TEL	<input style="width: 150px;" type="text"/>	EMAIL	<input style="width: 150px;" type="text"/>
Occupation	<input style="width: 150px;" type="text"/>		Identity number	<input style="width: 150px;" type="text"/>
Drivers licence details:	<input type="checkbox"/> Full/Learners licence	<input style="width: 100px;" type="text"/>	Code	<input style="width: 50px;" type="text"/>
State the purpose for which the vehicle was being used	<input style="width: 100%;" type="text"/>			
Name of insurer and policy number	<input style="width: 100%;" type="text"/>			
VEHICLE				
Make and model (e.g. Toyota Conquest 1.6 oil)	Year	Registration number	Value	Kilometers completed
<input style="width: 150px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>
DAMAGE				
Damage to vehicle	<input style="width: 100%;" type="text"/>			
Estimate for repairs (attach quotation)	<input type="checkbox"/> R	<input style="width: 150px;" type="text"/>		
Where can your damaged vehicle be inspected?	<input style="width: 100%;" type="text"/>			
PASSENGER DETAILS - IF ANY				
<i>Passengers in insured vehicle</i>	Name	Address	Injury	
	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	
	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	
For what purpose were they transported?	<input style="width: 150px;" type="text"/>		Are they employees?	<input style="width: 50px;" type="text"/>
WITNESSES				
Name, address and telephone number	1	<input style="width: 100%;" type="text"/>		
	2	<input style="width: 100%;" type="text"/>		
	3	<input style="width: 100%;" type="text"/>		

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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.

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

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



MOTOR THEFT CLAIM

NAME AND OCCUPATION			
ADDRESS			
CONTACT NUMBERS	TEL		eMail

Make and model (e.g. Toyota Conquest 1.6 gli)	Year	Registration number	Kilometers Completed

Anti-theft devices:
 Make Fitted by and date

Details of window markings:
 Number Applied by whom?

Financing details:

Finance company	Branch	Type of agreement	Account number	Amount

In whose name is the vehicle registered? _____

THEFT DETAILS

Date, time and place of theft

What was stolen? (Tick relevant box) *Vehicle and accessories* *Accessories only*

Circumstances of theft

Police ref. no. _____ Station _____ Date reported _____

Chassis no. Engine no.

Exterior colour Interior colour

Details of other features which would assist identification

Who is in possession of vehicle keys? _____

DECLARATION

I/WE HEREBY DECLARE THE FOREGOING PARTICULARS TO BE TRUE IN EVERY RESPECT.

Signature of insured _____ Capacity _____ at _____