

MOTOR EXTENSIONS CLAIM FORM
(Locks & Keys/Radio)

INSURED & BROKER DETAILS

Policy No. _____ Name of Insurer _____
Insured Name _____ ID No./Co. Reg. No. _____
Occupation _____ Tel. No. W _____ H _____
E-mail address _____ Cell _____ Fax _____
Physical address _____
_____ Code _____

VEHICLE

Make _____ Model _____
Year _____ Registration No. _____

DESCRIPTION OF INCIDENT

Damage

Area of damage to own vehicle _____
Estimate for repairs or attach quotation R _____
Repairer's name _____ Contact No. _____
Repairer's address _____
Date of incident (DD/MM/YYYY) _____ Time of incident (hh:mm) _____
Place where incident occurred _____

Full description of incident

DECLARATION

We hereby declare all particulars to be true in every respect.

Signature of Insured

Date (DD/MM/YYYY)