

# MOTOR EXTENSIONS CLAIM FORM

Locks & Keys/Radio

**sasfin** HRS  
Short-term Insurance

## 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 accident (DD/MM/YYYY) \_\_\_\_\_ Time of accident (hh:mm) \_\_\_\_\_  
Physical address where accident occurred \_\_\_\_\_

## Full description of accident

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Declaration

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

Signature of Insured \_\_\_\_\_ Date (DD/MM/YYYY) \_\_\_\_\_