

**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)