



# 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)