

# MOTOR EXTENSION CLAIM (Locks and Keys/Radio)

## INSURED and BROKER DETAILS

Policy no. \_\_\_\_\_ Name of Insurer \_\_\_\_\_  
Insured Name \_\_\_\_\_ ID no./Co. reg. no. \_\_\_\_\_  
Occupation \_\_\_\_\_ Tel. no. W \_\_\_\_\_ H \_\_\_\_\_  
Email 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

I/We warrant that the answers given are true and correct. All details provided on this form are done so honestly and in good faith. This means that The Hollard Insurance Company Ltd has been made aware of all important information and that any incorrect information may mean that the claim may be rejected and the policy cancelled.

\_\_\_\_\_  
Signature of Insured

\_\_\_\_\_  
Date (DD/MM/YYYY)