

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)

