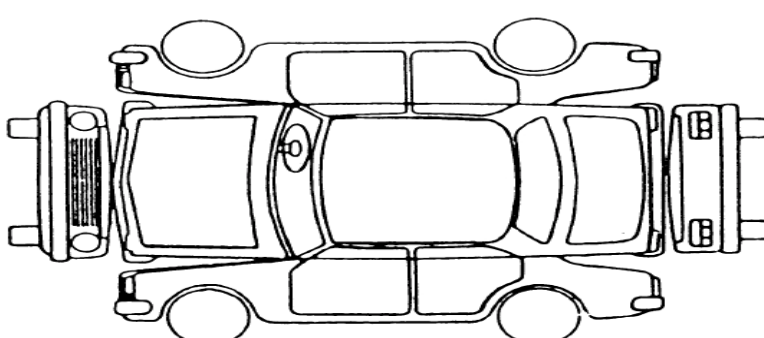


Hail Damage Claim Form

INSURED & BROKER DETAILS

	Policy No:		Broker	
Insured	Insured:			ID No. / Co. Reg No.
	Occupation:			
	Home No.:		Cell No.:	
	Fax No.:		Email Address	
Vehicle	Year:		Make:	
	Reg No.:		Model	
Driver	Full Name:			ID No.:
	Address:			
	Cell No.:		Work No.:	
	State fully the reasons for which the vehicle was being used:			
	Was the driver driving with your permission?			
	Was the driver in your employ?			
Details of Damage	DETAILS OF DAMAGE e.g. bonnet left side, left front fender, left headlight.			
	Area of Damage to vehicle (detailed)			
	Date(DD/MM/YYYY)		Time: (HHmm)	
	Occurred			
	Weather conditions		Visibility:	
Circumstances of Loss	Sketch of Damage (please show clearly where the damage is located on the vehicle)			
				
Declaration	I declare the foregoing particulars to be true in every respect.			
	Signature of Insured:		Date (dd/mm/yyyy):	
	Signature of Driver (if not insured):			