

**MOTOR EXTENSIONS CLAIM FORM**  
**(Locks & Keys/Radio)**

**INSURED & BROKER DETAILS**

Policy No.	_____	Name of Broker	_____
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)

**N.B. IT IS IMPORTANT THAT YOU NOTIFY THE INSURERS IMMEDIATELY YOU BECOME AWARE OF ANY IMPENDING PROSECUTION, INQUEST OR DEMAND. KINDLY NOTE THAT THIS FORM MUST BE COMPLETED BY THE CLIENT/POLICYHOLDER/DRIVER ONLY.**