

MOTOR EXTENSIONS CLAIM FORM
(Locks & Keys/Radio)

INSURED and 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/MMM/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 have 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/MMM/YYYY)