

Copy of drivers license must be attached

MOTOR CLAIM FORM

| | | | |
|---------------------------|--|----------------------|--------------------------------|
| BROKER | Barton Financial Services | POLICY NUMBER | |
| THE INSURED | Name and initials | | |
| | ID number | | |
| | Physical address | | |
| | Occupation or business | | |
| | Contact telephone number (H) | (W) | (C) |
| | E-mail address | | |
| THE VEHICLE | Make and model | | |
| | KM's completed | | |
| | Date of last service | | |
| | Where serviced | | |
| | Registration number | | |
| | VIN number | | |
| | Chassis number | | |
| | Engine number | | |
| | Exterior colour | | |
| | Interior colour | | |
| | Registered owner | | |
| | FINANCE COMPANY | Name | |
| Branch | | | |
| Account number | | | |
| Type of agreement | | | |
| Outstanding amount R | | | |
| DETAILS OF LOSS | DATE: | TIME: | PLACE OF LOSS / DAMAGE: |
| DETAILS OF VEHICLE | SAP case number | | |
| | Date reported | | |
| | Police station | | |
| | Reported by | | |
| | Please provide full details/circumstances of hijacking/theft | | |
| | Was the vehicle locked | | |
| | Details of stolen accessories (please attach invoices) | | |
| | Where is the vehicle usually parked overnight? | | |

| | |
|---|---|
| THE ACCIDENT (if applicable) | Place |
| | Name of driver at the time of loss |
| | ID number of driver |
| | SAP case number |
| | Police station |
| | Short description of the accident |
| | Speed prior to the accident (KPH) |
| | Speed at the moment of impact (KPH) |
| | Visibility |
| | Weather conditions |
| | Briefly state for what purpose the vehicle was being used at the time |
| | Provide a sketch plan of the accident (your vehicle as X and other party/s shown as A,B or C) |
| | What signals audible or otherwise were given |
| | Who in your opinion, was to blame for the accident |
| ONLY COMPLETE THE FOLLOWING SECTIONS IF THIRD PARTY VEHICLE WAS INVOLVED | Please provide name, address and contact number of witness |
| | Name of third party |
| | Address of third party |
| PARTICULARS OF THIRD PARTIES INVOLVED (IF MORE THAN 1 PROVIDE ADDITIONAL INFORMATION ON SEPARATE SHEET OF PAPER) | Telephone number of third party (H) (W) |
| | ID number of third party |
| | Name of insurance company and policy number |
| | Vehicle registration number |
| | If vehicle company owned, state name and contact details of employer |
| | Name of passenger |
| | Address |
| PARTICULARS OF PASSENGER/S INVOLVED (IF MORE THAN 1 PROVIDE ADDITIONAL INFORMATION ON SEPARATE SHEET OF PAPER) | Relationship to driver/insured |
| | Contact telephone numbers |
| | Nature of injuries sustained |
| | For what purpose were passengers transported |
| | Make |
| | Fitted by |
| | ANTI-THEFT DEVICE DETAILS (PLEASE ATTACH PROOF OF PAYMENT) |

| | |
|------------------------|---|
| ADDITIONAL INFO | |
| | Details of window markings |
| | Number |
| | Details of dents, scratches, defects or other features that would assist identification |
| | Please list all previous claims or losses in the past 5 years |

DECLARATION & STATEMENT

I/We acknowledge the sharing of claims information by insurers is essential to enable the insurance industry to underwrite policies and assess risks fairly and to reduce the incidence of fraudulent claims. In the public interest and with a view to limiting premiums, I/we waive any right to privacy in any insurance or claims information supplied by me or on my behalf in respect of any insurance application or claim made or lodged by me/us and I/we consent to such information being disclosed to any other insurance company or its agent. I/We also waive any rights to privacy and consent to the disclosure of any information relevant to any insurance claim concerning me or any insured person I/we represent. I/We further declare that all particulars to be true in every respect and correct and I/we understand that if any claim lodged under this policy be in any respect fraudulent or if any fraudulent means or devices be used by me/us or anyone acting on my/our behalf or with my/our knowledge or consent to obtain any benefit under this policy or if any event be occasioned by the wilful act or with the connivance of me/us, the benefit afforded under this policy in respect of such claim shall be forfeited.

SIGNATURE OF INSURED

DATE

Documentation required for a stolen vehicle or hi-jacking claim.

1. Original and duplicate motor vehicle keys
2. Anti-theft device certificate
3. Original copy of the vehicle registration certificate
4. Copy of last service invoice
5. SAP letter of non-recovery

Documentation required for a accident damaged vehicle claim

1. Quotation for the repairs to be done
2. Clear copy of the drivers license of the driver at the time of loss
3. Case number from the SAPS where the accident as reported