



MOTOR CLAIMS

CLAIM FORM

Rodel Administration Services (Pty) Ltd is an authorised financial services provider - FSP 5431
 A proud member of the Financial Intermediaries Association of Southern Africa (FIA)
 • VAT Nr. 4420210264 • Reg Nr. 1997/013419/07

INFORMATION TO BE SUPPLIED BY THE INSURED (PLEASE ANSWER QUESTIONS FULLY)																			
1. THE INSURED																			
NAME & SURNAME:																			
ID NUMBER:																			
POLICY NUMBER:								TELEPHONE NO.:											
2. THE VEHICLE																			
MAKE:						REGISTRATION:				YEAR:									
COLOUR:						VIN NUMBER:													
IS THE VEHICLE FITTED WITH A TRACKING DEVICE:								YES				NO							
REGISTERED OWNER NAME:																			
DATE OF LOSS:								PLACE OF LOSS:											
DESCRIPTION OF INCIDENT:																			
								TIME OF LOSS:				H							
SINGLE VEHICLE ACCIDENT:		YES				NO				WAS A T/P INVOLVED:		YES				NO			
SKETCH LAYOUT OF INCIDENT:																			
WAS THE VEHICLE TOWED:		YES				NO				WAS THE ASSIST LINE USED:		YES				NO			
DETAILS OF TOWING COMPANY:																			
ADDRESS WHERE VEHICLE IS BEING STORED:																			



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3. THE DRIVER AT THE TIME OF LOSS														
NAME & SURNAME:														
LICENCE NUMBER:												DATE ISSUED:		
LICENCE CODE:														
ID NUMBER:												AGE:		
WAS THE DRIVER TESTED FOR DRIVING UNDER THE INFLUENCE?											YES		NO	
4. THE THIRD PARTY DETAILS														
NAME & SURNAME:														
ADDRESS OF DRIVER:														
ID NO. OF DRIVER:												CONTACT NO.:		
MAKE & MODEL OF VEHICLE:														
VEHICLE REGISTRATION NUMBER:														
NAME OF THIRD PARTY INSURANCE:														
THIRD PARTY INSURANCE POLICY NO.:														
DAMAGE TO THIRD PARTIES VEHICLE:														
5. WITNESS DETAILS														
1. NAME & SURNAME:							CONTACT NO.:							
2. NAME & SURNAME:							CONTACT NO.:							

I/WE WARRANT THAT THE TRUTH OF THE ANSWERS TO THE ABOVE QUESTIONS AND I/WE DECLARE THAT NO INFORMATION HAS BEEN WITHHELD AND THAT THE CLAIM REPRESENTS MY/ OUR LOSS ARISING FROM THE ABOVE STATED OCCURANCE.

- We care about your privacy in order to provide you with our service we and our service providers have to process the personal information you provided us with by completing this form. We will treat this information with caution and we have put reasonable security measures in place to protect it.
- The information that is sought herein is not intended to be an exhaustive list and the insurer accordingly reserves the right to request any further information deemed appropriate while investigating the claim.
- Insurers share information with each other regarding domestic policies and claims with a view to prevent fraudulent claims and obtain material information regarding the assessment of risks proposed for insurance. Please refer to the Consent Clause on the policy schedule for more details in this regard.

Signed at: _____ On: _____ 20 ____.