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INSURANCE BROKERS (PTY) LTD EST 1989

REGISTRATION NUMBER: 2001/023867/07

AUTHORISED FINANCIAL SERVICES PROVIDER. LICENCE NUMBER 1422

MOTOR OWN DAMAGE CLAIM FORM

ATTACH REPAIR QUOTE AND LATEST COPY OF DRIVERS LICENSE

CLAIM FORM TO BE COMPLETED & RETURNED WITHIN 30DAYS FROM OCCURRENCE OF EVENT

PLEASE ONLY LIAISE WITH THE CLAIMS DEPARTMENT AT ALL TIMES FOR ANY QUERIES, PROGRESS REQUESTS OR COMPLAINTS

| INSURED DETAILS | | POLICY NUMBER: | | | |
|--|-------|----------------|-------|---------------|--|
| NAME | | | | | |
| ADDRESS | | | | | |
| CONTACT NUMBER | CELL: | WORK: | | | |
| ID NUMBER/ VAT NUMBER | | | | | |
| OCCUPATION | | | | | |
| PREVIOUS INSURER & POLICY NO | | | | | |
| DRIVER OF VEHICLE | | | | | |
| NAME AND OCCUPATION | | | | | |
| ADDRESS , TEL NO & EMAIL | | | | | |
| ID NUMBER | | | | | |
| DRIVING LICENSE | NO: | DATE: | CODE: | FULL/LEARNER: | |
| LICENSE ENDORSED? | | | | | |
| PHYSICAL DISABILITIES OF DRIVER | | | | | |
| PURPOSE USED-PRIVATE/BUSINESS | | | | | |
| DRIVING WITH INSURED'S PERMISSION | | | | | |
| WAS HE/SHE IN YOUR EMPLOY | | | | | |
| DETAILS OF PREVIOUS CONVICTIONS/OFFENCES | | | | | |
| VEHICLE | | | | | |
| MAKE | | | | | |
| MODEL & YEAR | | | | | |
| REGISTRATION & VIN | | | | | |
| PURCHASE/CREDIT AGREEMENT | | | | | |
| IS THE VEHICLE INSURED UNDER ANY OTHER POLICY? | | | | | |

Director: R.V. du Plessis A.C.I.I A.I.I.S.A Chartered Insurance Practitioner (CEO)

Physical Address: PROFESSIONAL PLACE, 95 Monument Road, Kempton Park | Tel: 0861-444400 | Fax: (011) 394 8917

Postal Address: PO Box 11975, Aston Manor 1630

Email: info@tuffstuff.co.za

| | | | |
|---|----------------|-----------|----------------------|
| DAMAGE TO VEHICLE | | | |
| DAMAGE TO VEHICLE | | | |
| REPAIRER NAME & CONTACT NO | | | |
| WHERE CAN DAMAGE BE ASSESSED | | | |
| INJURIES TO PASSENGERS (IN INSURED VEHICLE) | | | |
| NAME & ID: | | INJURIES: | |
| NAME & ID: | | INJURIES: | |
| THE ACCIDENT | | | |
| DETAILS | DATE: | TIME: | PLACE: |
| SPEED | BEFORE IMPACT: | | AT MOMENT OF IMPACT: |
| WEATHER CONDITIONS | | | |
| WERE YOUR LIGHTS ON | | | |
| POLICE DETAILS-STATION/REF NO | | | |
| WERE THE POLICE AT THE SCENE OF ACCIDENT | | OFFICER: | |
| ANY PERSONS TESTED FOR ALCOHOL/DRUGS | | | |
| FULL DESRIPTION OF ACCIDENT | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| SKETCH OF ACCIDENT- SHOW CLEARLY THE POINT OF IMPACT & DIRECTION OF TRAVEL | | | |
| | | | |

I/WE WARRANT THE TRUTH OF THE ANSWERS TO THE ABOVE QUESTIONS AND I/WE DECLARE THAT NO INFORMATION HAS BEEN WITHHELD AND THAT THE AMOUNT CLAIMED PRESENTS MY/OUR LOSS ARISING FROM THE ABOVE STATED OCCURRENCE.

SIGNED AT _____ ON THIS _____ DAY OF _____ 20 _____

SIGNATURE OF INSURED _____ SIGNATURE OF DRIVER _____

THE ISSUE OF THIS CLAIMFORM IS NOT AN ADMISSION OF LIABILITY AND THE INSURED'S ATTENTION IS DRAWN TO THE POLICY CONDITIONS WHICH STIPULATE THAT NO ADMISSION, OFFER, PROMISE, PAYMENT OR NEGOTIATION SHALL BE MADE WITHOUT THE WRITTEN CONSENT OF THE COMPANY.