

**EXTENSIONS CLAIM FORM**  
(Locks & Keys/Radio/Headlamp Breakage)

**INSURED & BROKER DETAILS**

<b>Policy No:</b>			<b>Broker:</b>					
<b>Insured:</b>	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.	

**DRIVER**

Full name		ID No.	
Address		Contact No.	
			Code

**ACCIDENT DETAILS**

**DAMAGE**

Area of Damage to own vehicle			
Estimate for repairs or attach quotation	R		
Repairer's name		Contact No.	
Address			
Date (DD/MM/YYYY)		Time (HHmm)	
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/YYY)

Signature of Driver (if not Insured)

Date (DD/MM/YYY)

**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/POLICY HOLDER/DRIVER ONLY.**