

FAST TRACK CLAIM FORM

(Non Motor – Below R5000)



INSURED

Name of Insured:					
Physical Address:		Postal Address:			
Code:		Code:			
Policy No:		Contact Person:			
VAT No:		Business Tel:		Home Tel:	
Fax No:		Cell No:			

CLAIM DETAILS

When did the loss or damage occur?	Date:	Estimate/Quantum:
Full description of loss or damage:		
Police station reported to:	Case No:	
Quotation attached:	YES NO	Repairs authorised: YES NO

POLICY HOLDER BANK DETAILS (for claim settlement)

Name of bank:	Account holder:	
Bank code:	Account No:	Account type:
Signature of account holder:	Date:	

INSURE DECLARATION AND SIGNATURE

I/we warrant the truth of the answers to the above questions and I/we declare that no information has been withheld and/or that any misrepresentation has been made and that the amount claimed represents my/our loss arising from the above stated occurrence.

Signature of insured:	Date: