

MANGAUNG METRO MUNICIPALITY - CLAIM FORM

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| DATE INCIDENT OCCURRED | : | |
| TIME INCIDENT OCCURRED | : | |
| WEATHER CONDITIONS | : | |
| VEHICLE DETAILS - MAKE AND MODEL | : | |
| SPEEDOMETER READING AT TIME OF INCIDENT | : | |
| REGISTRATION NUMBER OF VEHICLE | : | |
| DETAILED ADDRESS WHERE IT OCCURRED | : | |
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| BANKING DETAILS OF CLAIMANT | : | |
| BANK | : | |
| TYPE OF ACCOUNT | : | |
| ACCOUNT NUMBER | : | |
| BRANCH CODE | : | |
| NAME AND ADDRESS OF CLAIMANT: CONTACT DETAILS SUCH AS CELLPHONE/LANDLINE/EMAIL | | |
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| NAME AND ADDRESS OF WITNESS: CONTACT DETAILS SUCH AS CELLPHONE/LANDLINE/EMAIL | | |
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SHORT VERSION OF EVENTS LEADING TO INCIDENT:

SIGNED:

DATE:

THE FOLLOWING DOCUMENTS MUST ACCOMPANY THIS FORM:

1. TWO QUOTATIONS FROM DIFFERENT SERVICE PROVIDERS FOR EVERY ITEM THAT ARE CLAIMED.
2. COLOURED PHOTO'S OF EVIDENCE – PLACE OF INCIDENT AND DAMAGE OR INJURY IF POSSIBLE.
3. REPORT FROM MECHANICAL WORKSHOP IN CASE OF DAMAGE TO TYRES AND/OR RIMS.
PHYSICAL ADDRESS: 9 RHODES AVENUE, ORANJESIG.
4. IF YOU HAVE INSURANCE BUT WISH NOT TO CLAIM FROM INSURANCE, OBTAIN AN AFFIDAVIT STATING THE REASON AND IF YOU DO NOT HAVE INSURANCE A AFFIDAVID CONFIRMING THIS.
5. CLEAR ENLARGED COPY OF ID.
6. CLEAR ENLARGED COPY OF DRIVER'S LICENSE.
7. DELIVER OR E-MAIL COMPLETE DOCUMENTATION TO ONE OF THE FOLLOWING PERSONS:

ME. Mandlakazi Sikuza, 2nd FLOOR, ROOM 232, BRAM FISCHER BUILDING OR E-MAIL TO
Mandlakazi.sikuza@mangaung.co.za

OR MOSIDI THATI, 2nd FLOOR, ROOM 231, BRAM FISCHER BUILDING OR E-MAIL TO
Mosidi.thati@mangaung.co.za
8. CONTACT DETAILS: ME. MANDLAKAZI SIKUZA: 051 4058673

 ME. MOSIDI THATI: 051 4058364
9. PROOF OF RESIDENCE.
10. PROOF THAT MUNICIPAL ACCOUNTS ARE UP TO DATE. CAN DE OBTAINED FROM ENQUIRIES ON THE GROUND FLOOR.
11. ADDITIONAL INFORMATION CAN BE ASKED FROM THE INSURANCE COMPANY.