

NAME AND ADDRESS OF WITNESS AND CONTACT DETAILS SUCH AS CELLPHONE/LANDLINE/EMAIL

SHORT VERSION OF EVENTS LEADING TO INCIDENT:

I DECLARE THAT THE CONTENTS OF THIS CLAIM ARE TRUE AND CORRECT, AND I UNDERSTAND THAT ANY FALSE STATEMENT MAY RESULT IN THE REJECTION OF THIS CLAIM AND POSSIBLE LEGAL ACTION.

NAME: _____ SIGNATURE: _____ DATE: ___/___/20__

THE FOLLOWING DOCUMENTS MUST ACCOMPANY THIS FORM:

PLEASE TICK EACH BOX

| | | SUBMITTED | RECEIVED |
|---|--|-----------|----------|
| 1 | TWO QUOTATIONS FROM DIFFERENT SERVICE PROVIDERS FOR EVERY ITEM THAT ARE CLAIMED. | | |
| 2 | COLOUR PHOTO'S (4 or more clear photos with photo information (screen/date stamp) OF PLACE OF INCIDENT / POTHOLE / CONDITIONS / ODOMETER READING | | |
| 3 | COLOUR PHOTO'S (3 or more clear photos WITH photo information (screen/date stamp) OF DAMAGES OR INJURY. | | |

| | | SUBMITTED | RECEIVED |
|-----|--|-----------|----------|
| 4 | REPORT FROM MECHANICAL WORKSHOP IN CASE OF DAMAGE TO TYRES AND/OR RIMS. PHYSICAL ADDRESS: 9 RHODES AVENUE, ORANJESIG. | | |
| 5 | DEPOSE AND SUBMIT A SWORN AFFIDAVID CONFIRMING THAT YOU ARE NOT INSURED OR, IF INSURED, WILL NOT BE CLAIMING FROM YOUR INSURANCE. | | |
| 6 | CLEAR ENLARGED COPY OF ID. | | |
| 7 | CLEAR ENLARGED COPY OF DRIVER'S LICENSE. | | |
| 8 | PROOF OF RESIDENCE. | | |
| 9 | PROOF THAT MUNICIPAL ACCOUNTS ARE UP TO DATE. CAN BE OBTAINED FROM ENQUIRIES ON THE GROUND FLOOR AT BRAM FISCHER BUILDING. | | |
| 10 | ADDITIONAL INFORMATION MAY BE REQUESTED BY THE INSURER | | |
| 11 | DELIVER OR E-MAIL COMPLETE DOCUMENTATION TO ONE OF THE FOLLOWING PERSONS: MANDLAKAZI SIKUZA, BRAM FISCHER BUILDING, 2 ND FLOOR, ROOM 232, mandlakazi.sikuza@mangaung.co.za OR MOSIDI THATI, BRAM FISCHER BUILDING, 2 ND FLOOR, ROOM 231 mosidi.thati@mangaung.co.za | | |
| 12. | CONTACT DETAILS: ME. MANDLAKAZI SIKUZA - 051 4058139 ME. MOSIDI THATI _____ - 051 4058364 | | |