

MOTOR EXTENSIONS CLAIM FORM  
(Locks & Keys/Radio)

**INSURED & BROKER DETAILS**

Policy No. \_\_\_\_\_ Name of Insurer \_\_\_\_\_  
Insured 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. \_\_\_\_\_

**DESCRIPTION OF INCIDENT**

**Damage**

Area of damage to own vehicle \_\_\_\_\_  
Estimate for repairs or attach quotation R \_\_\_\_\_  
Repairer's name \_\_\_\_\_ Contact No. \_\_\_\_\_  
Repairer's address \_\_\_\_\_  
Date of incident (DD/MM/YYYY) \_\_\_\_\_ Time of incident (hh:mm) \_\_\_\_\_  
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/YYYY)

I, \_\_\_\_\_ authorise Insurance Zone to share information regarding my/our short term insurance claim with the following person/s:

_____ Full Name	_____ ID Number
_____ Full Name	_____ ID Number
_____ Full Name	_____ ID Number