

## WHEEL AND TYRE CLAIM FORM

### DETAILS OF REGISTERED OWNER OF VEHICLE

Name and Surname: \_\_\_\_\_

E-mail address: \_\_\_\_\_ ID Number: \_\_\_\_\_

Tel No. W: \_\_\_\_\_ H: \_\_\_\_\_ Cellphone: \_\_\_\_\_

Postal address: \_\_\_\_\_ Code: \_\_\_\_\_

Physical address: \_\_\_\_\_ Code: \_\_\_\_\_

### DETAILS OF DRIVER AT TIME OF INCIDENT (IF DIFFERENT FROM THE OWNER)

Name and Surname: \_\_\_\_\_

Contact No. \_\_\_\_\_ ID Number: \_\_\_\_\_

Drivers License number: \_\_\_\_\_ Drivers License Code: \_\_\_\_\_

### DETAILS OF VEHICLE

Model: \_\_\_\_\_

Registration number: \_\_\_\_\_ Type: \_\_\_\_\_

Make and size of tyres: \_\_\_\_\_

### DETAILS OF INCIDENT

Date: \_\_\_\_\_ Time (day/night) : \_\_\_\_\_

Speed travelled: \_\_\_\_\_ Weather condition: \_\_\_\_\_

Exact location: \*1 \_\_\_\_\_

Description of incident:

Direction of travel: \_\_\_\_\_ Section: \_\_\_\_\_ KM: \_\_\_\_\_

*Note \*1: If on a National road refer to the route markers, spaced approximately every 200m along the road (between the road reserve [fence line] and the edge of the road) if applicable*

Sketch of incident location:

**NB: Please include street names or landmarks in close proximity**

**THIS IS A REQUISITE IN ORDER TO EVALUATE YOUR CLAIM**

PLEASE NOTE: We require the following with the claim:

1. Photos of damage on tyre/tyres and or rim/rims
2. Proof of remaining tread in millimetres certified by supplier
3. Photo of make and size of tyre on vehicle
4. Photo of hazard/pothole that caused the damage
5. Copy of Drivers ID and Drivers License - If driver and owners differ we require a copy of the owner ID and drivers license
6. A sketch of the accident location of the pothole with the street names or landmarks in close proximity
7. Copy of registration document of vehicle

**DECLARATION:**

I, \_\_\_\_\_ hereby declare that this claim for alleged damage to my vehicle on the date and time as described above has not been submitted to South African National Roads Agency Ltd or to any other insurers. If evidence to the contrary is revealed, I accept that this claim will be declared null and void and that no further claim can be instituted against Wheel and Tyre Cover. I also declare that all the information supplied herein is true.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Full Name

\_\_\_\_\_  
ID number

\_\_\_\_\_  
Full Name

\_\_\_\_\_  
ID number

\_\_\_\_\_  
Full Name

\_\_\_\_\_  
ID number