

MOTOR RADIO/CD PLAYER/CASSETTE PLAYER CLAIM FORM

Brokers Name: _____ Policy # _____

INFORMATION TO BE SUPPLIED BY THE INSURED (PLEASE ANSWER QUESTIONS FULLY)

1 THE INSURED

Name _____ Age _____ ID number _____

Physical address _____

Occupation _____ Contact telephone # _____

2 THE VEHICLE

Make & model _____ Year of manufacture _____

Registration Number _____

3 FULL DESCRIPTION OF THEFT

3.1 Date of loss _____ Was vehicle locked? _____

3.2 Where was vehicle left during the theft? _____

3.3 Describe any damage caused to vehicle _____

3.4 SAP Crime register number _____ Police Station _____

3.5 Date reported _____ Value of radio R _____

3.6 Make and model of radio/CD shuttle/cassette player _____

3.7 Make and model of speakers & other audio equipment _____

3.8 When and where was it purchased? _____

3.9 Purchase price paid R _____

DECLARATION & STATEMENT

I/We acknowledge the sharing of claims information by insurers is essential to enable the insurance industry to underwrite policies and assess risks fairly and to reduce the incidence of fraudulent claims. In the public interest and with a view to limiting premiums, I/We waive any right to privacy in any insurance or claims information supplied by me or on my behalf in respect of any insurance application or claim made or lodged by me/us and I/We consent to such information being disclosed to any other insurance company or its agent. I/we also waive any rights to privacy and consent to the disclosure of any information relevant to any insurance claim concerning me or any insured person I/We represent.

I/We further declare that all particulars to be true in every respect and correct and I/We understand that if any claim lodged under this policy be in any respect fraudulent or if any fraudulent means or devices be used by me/us or anyone acting on my/our behalf or with my/our knowledge or consent to obtain any benefit under this policy or if any event be occasioned by the wilful act or with the connivance of me/us, the benefit afforded under this policy in respect of such claim shall be forfeited.

DATE _____ SIGNATURE OF INSURED _____