



FAST TRACK CLAIM FORM (Non Motor – Below R5,000)

INSURED

Name of Insured:		
Physical Address:	Postal Address:	
Code	Code	
Policy No:	Contact Person:	
Vat No:	Business Ph No:	Home Ph No:
Fax No:	Cell No:	

CLAIM DETAILS

When did the Loss or Damage occur?: Date: / / Estimate / Quantum: R

Full Description of Loss or Damage

Police Station Reported to: Case No:

Quotation attached: Yes No

Repairs authorised: Yes No

POLICY HOLDER BANK DETAILS (For claim settlement)

Name of Bank:	Account Holder:	
Bank Code:	Account No:	Type of Account:
Signature of Account Holder:	Date: / /	

INSURED DECLARATION AND SIGNATURE

I / We warrant the truth of the answers to the above questions and I / We declare that no information has been withheld and / or that any misrepresentation has been made and that the amount claimed represents my / our loss arising from the above stated occurrence.

Signature of Insured: Date: / /