

Т +27 (0)12 942 4536 info@vapsinsurance.co.za Е

Suite 008, Midlands Office Park West Mountain Quray Rd, Midstream Estate, Centurion

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VAPS Insurance Underwriters GIT Claim Form				
Inception Date of Policy: Policy Num	iber:			
1. Broker Details				
Brokerage Name: Contact Person:				
2. Insured Details				
Trading Name:				
Previous Trading Name:				
VAT Number: Company Reg/ID Number:				
Type of Business:				
Postal Address: Physical Address:				
Postal Code: Postal Code:				
Tel/Cell Nr:				
Email Address:				
3. Date, Time and Place of Damage/Los	3S			
Date: Time:				
Place:				
4. Details of Damages/Loss				
No of packages: Total Weight:				
Description of goods:				
Address from which goods were despatched:				
Date despatched: Time:				
Address where damage goods can be inspected:				
5. Police Details				
Police Station: SAP Reference Number:				
Was the driver tested for alcohol or drugs: Yes No Date Reported	d:			
<u>ww.vapsinsurance.co.za</u> T: 012 942 4537 F: 086 692 9622 E: <u>info@vapsinsurance.co.za</u> PO Box 1538, M	idstream Estate, 1692 VAPS Insurance Underwriters is an			

<u>wv</u> Authorised Financial Services Provider | FSP No: 46264 | Underwritten by Renasa Insurance Company | Terms and Conditions apply and can be found on our website.



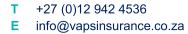
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6. Third Party Details					
Name: Make:	Surname:	ID Number:			
Year:		Registration:			
	7. Vehicle Details				
Make:		Model:			
Year:		Registration:			
	8. Trailer Details				
Trailer	<u>1</u>				
Make:		Model:			
Year:		Registration:			
<u>Trailer</u>	2 				
Make: Year:		Model: Registration:			
9. Security Devices					
Are you	r vehicle fitted with Tracking devices, Alarm systems	or other security devices?			
Yes	No				
(If yes,	please specify)				
	10 Descrir	otion of Loss/Accident			
	10. 2000				

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11. Particulars of Goods Lost/Damaged

Quantity	Description	Value

Name of Driver:	Signature of Driver:				
Name of Authorised Signature:					
Signature:	Date:				
	Place:				

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