

Claim FORM

(Caravans, Off-Road Caravans, Camper Trailers, Motorhomes)



CARA Policy Number

PLEASE COMPLETE ALL SECTIONS IN BLOCK LETTERS

TYPE OF CLAIM	Accident on a National Road	<input type="checkbox"/>	Storm / Hail damage	<input type="checkbox"/>	Malicious damage	<input type="checkbox"/>	Pothole	<input type="checkbox"/>
	Accident involving a Third Party	<input type="checkbox"/>	Theft of Contents	<input type="checkbox"/>	Window/Glass	<input type="checkbox"/>	Fire	<input type="checkbox"/>
	Accident at Home / Resort / Other	<input type="checkbox"/>	Theft of Vehicle	<input type="checkbox"/>	Other (Specify)	<input type="text"/>		

PERSONAL DETAILS (INSURED)	Title	<input type="text"/>	First Names	<input type="text"/>				Surname	<input type="text"/>				
	ID Number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
	eMail	<input type="text"/>						Cellular	<input type="text"/>				
	Tel (W)	<input type="text"/>				Tel (H)	<input type="text"/>		Fax	<input type="text"/>			
	Street Address	<input type="text"/>											
	Postal Address	<input type="text"/>											
										Postcode	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Driver's Licence Number	<input type="text"/>					Expiry Date	<input type="text"/>		Code	<input type="text"/>	<input type="text"/>	

CARAVAN / MOTORHOME / CAMPER TRAILER	Reg. No.	<input type="text"/>	
	VIN No.	<input type="text"/>	
	Make	<input type="text"/>	
	Model	<input type="text"/>	
	Year	<input type="text"/>	
	Retail Value	<input type="text"/>	R
	Total loss / damage	<input type="text"/>	R

REPAIRER	Name of Repairer	<input type="text"/>	
	Contact Person	<input type="text"/>	
	Telephone	<input type="text"/>	
	eMail	<input type="text"/>	
	Quotation No.	<input type="text"/>	
	(PLEASE ATTACH QUOTATION TO THIS CLAIM FORM)		

DETAILS OF ACCIDENT/ LOSS/DAMAGE	Place where event occurred	<input type="text"/>	
	Date of event	<input type="text"/>	
	Time (AM/PM)	<input type="text"/>	
	Weather conditions	<input type="text"/>	

POLICE REPORT	SAPS Reference number	<input type="text"/>	
	Date reported	<input type="text"/>	
	Police Station	<input type="text"/>	
	(PLEASE ATTACH POLICE REPORT)		



INFORMATION WHEN SUBMITTING A CLAIM

Please read the following guidelines carefully before submitting a Claim

GUIDELINES / CHECKLIST	1 If the Leisure Vehicle is not mobile, contact the CaraCARE Call Centre 0861 10 10 10 to remove the vehicle (Econo Plans do NOT have this cover)
	2 Obtain a Cara-Sure Claim Form (Page 1 & 2) from www.CaraSure.com OR eMail claims@carasure.com OR Contact 072 244 1925
	3 Obtain Quotations from Repairers / Service providers
	4 Copy of Driver's Licence
	5 Take as many Photographs as possible
	6 Obtain Witness Statements (Personal details)
	7 Obtain Third Party details (Personal and Vehicle/s)
	8 Report to the nearest SAPS Station within 48 hours of the incident and obtain SAPS Reference number and police report
	9 Copy of Vehicle Registration / If Financed, Bank settlement letter
	10 Complete the Cara-Sure Claim Form in full and submit together with all relevant documentation to claims@carasure.com OR Fax to 086 514 8487

TYPE OF CLAIM	Accident on a National Road Accident involving a Third Party	1 2 3 4 5 6 7 8 10	Theft of Contents	2 3 4 8 10	Theft of Leisure Vehicle / Written off	2 4 8 9 10
	Malicious damage	2 3 4 5 6 8 10	Fire / Explosion	2 3 4 5 10	Storm / Hail damage	2 3 4 5 10
	Window / Glass	2 3 4 10	Potholes / Other	2 3 4 5 10	Mechanical failure, Electrical failure, Maintenance, Tyres, Wear & Tear, and Woodrot is not covered under this Policy. SEE Cara-Sure Policy Document	

IMPORTANT	* You may NOT admit guilt to any person/s in the event of an incident.
	* You may NOT authorise any repair work without the written confirmation from the Insurer.
	* We reserve the right to require repair work to be carried out at any repairer of Our own choice.
	* If an Excess is applicable, it MAY NOT be built into any quotation. The Excess will be payable to the Repairer.
	* A claim must be reported within 24 hours of the event.
	* A claim must be submitted within 30 days of the event.