

# Claim FORM

(Caravans, Off-Road Caravans, Camper Trailers and Motorhome Insurance)



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Policy Number

**MUST BE COMPLETED AND SIGNED BY THE INSURED  
PLEASE COMPLETE ALL SECTIONS IN BLOCK LETTERS**

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

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

<b>LEISURE VEHICLE DETAILS</b>	Reg. No.		
	VIN No.		
	Make		
	Model		
	Year		
	Retail Value	R	
	Total loss / damage	R	

<b>REPAIRER</b>	Name of Repairer		
	Contact Person		
	Telephone		
	eMail		
	Quotation No.		
	<b>(PLEASE ATTACH QUOTATION TO THIS CLAIM FORM)</b>		

<b>DETAILS OF ACCIDENT/ LOSS/DAMAGE</b>	Place where event occurred		
	Date of event		
	Time (AM/PM)		
	Weather conditions		

<b>POLICE REPORT</b>	SAPS Reference number		
	Date reported		
	Police Station		
	<b>(PLEASE ATTACH POLICE REPORT)</b>		

<b>PREVIOUS CLAIMS</b>	Date of Loss	Insurance Company
	Description of Loss	Amount Claimed R

<b>THIRD PARTY DETAILS</b>	Title	First Name	Surname
	ID Number		
	Contact Details		eMail
	Physical Address		
	Vehicle Registration Number	Make and Model	

DESCRIPTION OF LOSS/ACCIDENT

LIST OF LOST ITEMS	
ITEM	AMOUNT

**DECLARATION**  
 I/We the undersigned hereby declare that I/We have completed this Claim Form to the best of My/Our knowledge and ability and that I/We are familiar with the contents hereof. I/we furthermore confirm that I/we have signed the Declaration of my/our own free will and regards it as binding. I/We acknowledge the sharing of information by Insurers is essential to underwrite policies, access risks fairly and reduce fraudulent claims. I/We accordingly consent to any claims information supplied by me on my/our behalf being disclosed to any Insurance Company. I/We further consent that the Insurer may perform a credit search, monitor my' profile, use the information or data, record my policy payment on the centralised database hosted by ITC.

Signature of Insured/Claimant      First name and Surname      Date

Please Fax to 086 514 8487 OR eMail to [claims@carasure.com](mailto:claims@carasure.com)