

# Claim FORM

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



CARA 

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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>							

