

TYRE & RIM WARRANTY

DAMAGE REPORT & CLAIM FORM



SECTION A - PERSONAL DETAILS

TITLE	<input type="checkbox"/> MR	<input type="checkbox"/> MRS	<input type="checkbox"/> MISS	<input type="checkbox"/> OTHER	
FULL NAMES				SURNAME	
ID NUMBER					
WORK TEL				HOME TEL ()	
CELL				E-MAIL	

SECTION B - CLAIM DETAILS

POLICY NO		DATE OF INCIDENT													
INCHES PER TYRE	<input type="checkbox"/> 10	<input type="checkbox"/> 11	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19	<input type="checkbox"/> 20	<input type="checkbox"/> 21	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24

FULL DESCRIPTION OF ALL DAMAGE ON EVENT DATE - PLEASE MARK DAMAGED TYRES / RIMS

			<input type="radio"/> FL	<input type="radio"/> FR
			FRONT	
			VEHICLE	
			REAR	
			<input type="radio"/> RL	<input type="radio"/> RR
PICTURES ATTACHED:	<input type="checkbox"/> YES	<input type="checkbox"/> NO		

TOW - IN CO. NAME		TEL NO		CONTACT	
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ONLY APPLICABLE FOR MALICIOUS DAMAGE

SAPS BRANCH		CASE NO	
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SECTION C - TYRE FITMENT CENTRE REPORT

MAKE OF VEHICLE:		MODEL OF VEHICLE:	
MAKE OF TYRE:		INCHES OF TYRE:	
ODOMETER READING ON DATE OF THE INCIDENT			REG NO
INVOICE AMOUNT	(TYRE CENTRE INVOICE MUST ACCOMPANY CLAIM)		
NAME OF TYRE FITMENT CENTRE:			
1) PERSON ATTENDING TO REPAIR / REPLACEMENT:			
2) CONTACT: TEL:		E-MAIL:	
3) IS THE TREAD LIMIT LEGAL:	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
4) CAN WE SEND ASSESSOR TO VERIFY?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
5) TYRE FITMENT CENTRE'S ASSESSMENT OF PROBLEM & RECOMMENDATION:			

SECTION D - RIM REPAIR CENTRE REPORT - NOTE: RIM/S COVER = REPAIRS ONLY

MAKE OF VEHICLE:		MODEL OF VEHICLE:	
MAKE OF RIM:		REGISTRATION NO:	
INVOICE AMOUNT	(REPAIRER INVOICE MUST ACCOMPANY CLAIM)		
NAME OF REPAIRER:			
1) PERSON ATTENDING TO REPAIR:			
2) CONTACT: TEL:		E-MAIL:	
3) CAN WE SEND ASSESSOR TO VERIFY?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
4) REPAIRER'S ASSESSMENT OF PROBLEM & RECOMMENDATION:			

SECTION E - INSURED'S BANK DETAILS (If Payment To Insured)

ACCOUNT HOLDER			
BANK		BRANCH	
ACCOUNT NUMBER		BRANCH CODE	
TYPE OF ACCOUNT	<input type="checkbox"/> CHEQUE	<input type="checkbox"/> SAVINGS	

DECLARATION
 I HEREBY DECLARE THAT THE STATEMENTS I HAVE MADE ARE TRUE. I AGREE THAT IF ANY FALSE INFORMATION WAS GIVEN, I LOSE ALL MY RIGHTS UNDER THIS POLICY. I HEREBY AUTHORISE GUARDRISK OR ANY OF THEIR REPRESENTATIVES TO MAKE ENQUIRES AND OBTAIN INFORMATION RELEVANT TO THIS CLAIM.

SIGNATURE		DATE	
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FOR OFFICE USE ONLY

DATE RECEIVED	DATE PROCESSED	DATE FINALISED
____/____/____	____/____/____	____/____/____

CLAIMS ASSESSOR

PLEASE SEND THIS FORM WHEN COMPLETED, DIRECTLY TO:

TRAFICC (Pty) Ltd
 P.O.Box 3174, Cape Town, 8000 OR
 Fax To: 086 574 8461 or E-mail To: claims@traficc.co.za