



FAST TRACK CLAIM FORM (Non Motor – Below R5,000)

INSURED

Name of Insured:		
Physical Address:	Postal Address:	
Code	Code	
Policy No:	Contact Person:	
Vat No:	Business Ph No:	Home Ph No:
Fax No:	Cell No:	

CLAIM DETAILS

When did the Loss or Damage occur?:	Date: / /	Estimate / Quantum: R
Full Description of Loss or Damage		
Police Station Reported to:	Case No:	
Quotation attached:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Repairs authorised:	Yes <input type="checkbox"/>	No <input type="checkbox"/>

POLICY HOLDER BANK DETAILS (For claim settlement)

Name of Bank:	Account Holder:	
Bank Code:	Account No:	Type of Account:
Signature of Account Holder:	Date: / /	

INSURED DECLARATION AND SIGNATURE

I / We warrant the truth of the answers to the above questions and I / We declare that no information has been withheld and / or that any misrepresentation has been made and that the amount claimed represents my / our loss arising from the above stated occurrence.	
Signature of Insured:	Date: / /