

**Note: The issue of this form is not to be taken as an admission of liability**

The Claimant			
Policy Holder	Name:		
	Address:		
	Tel no:		Fax no:
	Email:		
	Policy No:		
Vehicle:	Make of Vehicle:		Year of Manufacture:
	Registration No:		
	Date of Breakage:	Time:	Place:
	Cause of Breakage:		

Date: .....

Signature: .....

I/We, the above named, do hereby, to the best of my/our knowledge and belief, warrant the truth of the foregoing statement in every respect.

**Please complete this form and avail the following**

- a) Copy of log book (both sides)
- b) At least two replacement quotations
- c) Copy of Driver's License