



Insurer: Renasa Insurance Company Ltd – Reg. No. 1998/000916/06 – VAT No. 4290173253 – FSP No. 15491
 Underwriting Manager: Administration Plus (Pty) Ltd – Reg. No. 2004/023852/07 – VAT No. 4190243008 – FSP No. 36841.

Guardian Angel Motorcycle Insurance claim form

Insured and broker details

Policy number _____ Broker _____

Insured, full name _____

ID No

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Contact details

Work:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Cell:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Home:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Email: _____

Physical address _____

Motorcycle detail

Make & model _____ Year _____

Reg No _____ Km's _____

Registered owner _____

If financed, name of company _____

What branch _____ Account No _____



Rider at time of accident

Full name _____

ID No

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Physical address _____

Work:

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Cell:

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Alternative:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Email: _____

Drivers licence

Code _____ Date first issued _____ Endorsements? _____

Is the rider noted as such on your policy? _____ Relationship of rider _____

Drivers accident history _____

Was the rider injured? Y/N – Provide detail _____

Was the pillion injured? Y/N- Provide detail _____

Were there any other persons injured, Pedestrians, driver or passenger of a Third party vehicle?,Details please _____



3rd party details for vehicle or property damaged

Vehicle: Make & model _____ Year _____

Reg No _____ Any other property? Details _____

Name of driver _____ Name of owner _____

Owner contact number _____ Owner address _____

Insurance details

Name of company _____ Policy number _____

Contact name & number _____

Witnesses

Name _____ contact _____

Address _____

Passenger Y/N _____

Name _____ contact _____

Address _____

Passenger Y/N _____



Accident details

When did the accident happen, date and time _____

Where did the accident occur? _____

Please **circle** the scenario that applies to you

Were conditions: wet/dry	Was visibility: good/poor	Was street lighting: on/off
Surface: tar/dirt	Road: single/double lane	

Did SAPS attend the scene _____ Was rider tested for drugs/alcohol? _____

Name of SAPS station _____ Ref No _____

Description of accident



Sketch of accident

Damage to motorcycle

Short description of damage _____

Your estimate for repairs _____ Where can the motorcycle be inspected _____

Name and contact details _____



Please note

1. If the motorcycle is at your place or still in use contact us before obtaining a quote if possible.
2. If the motorcycle was towed from the accident scene we need to be informed immediately in order for us to minimize our exposure regarding storage and towing fees.

Declaration

I/We hereby declare that all the information declared above is true in every respect and that I/we have not withheld any relevant information and I/we will assist with any additional information that is required to finalize this claim.

I understand that I am fully bound by my conscience in making this statement and that any misrepresentation of the facts constitutes fraud. I have no other insurance on the property claimed for above. I hereby agree that the Insurers of the Policy may take over and conduct this prosecution for their own benefit of any claim for cover or otherwise and shall have full discretion in the conduct thereof.

Signed

Insured full name

Date

Signed rider

Full name

Date