Direct TP claims procedure

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Please complete this form and return it back with the required documentation and information.

Please note that we will not be able to process your claim without the documents and information requested on this form.

A claim against M&F Risk Financing, the broker we represent and their insured can take up to 8 weeks to

finalise, and we need to inform you that the follow-up lies with you.

Please note that M&F Risk Financing is not party to the Knock-for-knock agreement as of 01.06.2013.

The documents must be forwarded to: Belinda Bardenhorst belinda@stratsys.co.za

CLIENT DETAILS:

Claim number: _____ Client: _____

THIRD PARTY DETAILS:

Home tel.: _____ Work tel.: _____

Cell no.: _____ E-mail: _____

Vehicle information for appointing an assessor:

Registration number of vehicle: _____

Make of your vehicle: _____

The year model: _____

Where is your vehicle currently: _____

Is your vehicle driveable [YES/NO] _____

Was your vehicle towed from the accident scene [YES/NO] _____

If “YES” please advise us where your vehicle was towed to. E.g. Panel beater/ Towing Company or Residential

place _____

If towed to a Towing Company kindly provide us with a copy of the towing invoice.

Please note that if your vehicle is standing at a Towing Company/Panel Beater’s premises we will not be responsible for the storage, security and admin fees.

We do not pay car hire costs, unless the vehicle is used for business purposes to generate income and proof will be required.

Required Documentation from the Third Party is as follows:

Vehicle:

- Vehicle Registration Certificate (NOT the Vehicle License Certificate); please note the reason why we require a copy of your vehicle registration is to prove ownership in the event that you are claiming for damages on a vehicle.
- Copy of ID of the registered owner;
- SAP number or police report
- Copy of the driver's license [the person driving at the time of the collision]
- Sketch and description of how the accident happened (to be done by the driver at the time of the accident);
- If you do not have insurance please provide a letter (known as a no claim letter) from you insurer confirming that you will not be claiming from them for the accident; OR if you do not have insurance provide an affidavit of non-insurance done by the registered owner of the vehicle.
- Supply 2 quotations for the damage of the vehicle.

OPTIONAL:

If you do have an independent witness, not a passenger in your vehicle, please advise your witness to

complete the witness form below:

WITNESS STATEMENT FORM:

Full names: _____

Home Address: _____

Work Tel.: _____ Cell no.: _____

E-mail address: _____

When, where and how did the accident happen:

Date of accident: _____ Time: _____

Weather conditions: _____ Visibility: _____

Street/Intersection: _____

Suburb/Town: _____

Vehicles involved: _____

Where were you at the time of the accident: _____

Accident Description:

Please give us the detailed description of how the accident happened:

_____

_____

_____

Accident Sketch:

Please draw a sketch showing the accident and indicate where you were at the time of the accident:

SIGNITURE: _____ Date: _____