

TYRE PROTECT CLAIM FORM:

Plan Number: Date:

Client Details:

Initials: Surname:
 Identity Number: E-mail:
 Cell: Tel:
 Postal Address:

Banking Details:

Bank: Account No:
 Branch: Branch Code:
 Claim submitted to another insurer? ☐ Y ☐ N

Vehicle Details:

Year: Make: Model:
 Registration: Chassis No: Odometer Reading:
 What was the vehicle used for?
 Any damage to the vehicle: ☐ Y ☐ N

Incident details:

Brief description:
 Date of incident:

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Tyre description: Tyre Dealership Name:
 Damaged tyre manufacturer: Tyre Model:
 Remaining Tread

Please circle the damaged tyre and indicate where the tyre is damaged:

