

# Mechanical Breakdown Claim Form



## DETAILS OF THE BROKER

Brokerage: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Contact Name: \_\_\_\_\_ Cellphone: \_\_\_\_\_  
Agency Code: \_\_\_\_\_ Email: \_\_\_\_\_

## DETAILS OF THE INSURED

Company Name / Insured: \_\_\_\_\_  
Company Registration Number: \_\_\_\_\_  
Identity Number: \_\_\_\_\_ VAT Number: \_\_\_\_\_  
Insured Telephone Number: \_\_\_\_\_ Insured Cellphone Number: \_\_\_\_\_  
Physical Business Address: \_\_\_\_\_  
Postal Code: \_\_\_\_\_  
Postal Business Address: \_\_\_\_\_  
Postal Code: \_\_\_\_\_

## TRUCK TRACTOR DETAILS

<b>Truck Tractor</b>	Make and Model		Year Model
	Registration Number		Gross Vehicle Mass
	VIN (Vehicle Identification No.)	Chassis Number	Engine Number

## OWNER DETAILS

Name: \_\_\_\_\_  
Identity Number: \_\_\_\_\_

