

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

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

OWNER DETAILS

Name: _____
Identity Number: _____

Underwritten by:



Old Mutual Insure Limited is a licensed FSP and Non-Life Insurer.

DETAILS OF BREAKDOWN

Date of breakdown: _____ Time: _____

Place: _____

Provide details of breakdown: _____

Which company arranged the towing: _____

Where was vehicle towed to: _____

Total kilometres towed: _____

Towing company contact details: _____

Please attached any quote or invoice received from the towing company.

DECLARATION

The information and answers given above are true in every detail and no information has been withheld.

Name: _____ Designation: _____

Signature: _____ Date: _____