

MANGAUNG METRO - CLAIM FORM

DATE INCIDENT OCCURRED	:
TIME INCIDENT OCCURRED	:
WEATHER CONDITIONS	:
VEHICLE DETAILS - MAKE AND MODEL	:
SPEEDOMETER READING AT TIME OF INCIDENT	:
REGISTRATION NUMBER OF VEHICLE	:
DETAILED ADDRESS WHERE IT OCCURRED	:
BANKING DETAILS OF CLAIMANT	:
BANK	:
TYPE OF ACCOUNT	:
ACCOUNT NUMBER	:
BRANCH CODE	:
NAME AND ADDRESS OF CLAIMANT: CONTACT DETAILS SUCH AS CELLPHONE/LANDLINE/EMAIL OR FAX	
:	
:	
:	
NAME AND ADDRESS OF WITNESS : CONTACT DETAILS SUCH AS CELLPHONE/LANDLINE/EMAIL OR FAX	

SHORT VERSION OF EVENTS LEADING TO INCIDENT :

SIGNED :

DATE :

THE FOLLOWING DOCUMENTS MUST ACCOMPANY THIS FORM:

- 1. TWO QUOTATIONS FROM DIFFERENT SERVICE PROVIDERS FOR EVERY ITEM THAT ARE CLAIMED.**
- 2. COLOURED PHOTO'S OF EVIDENCE – PLACE OF INCIDENT AND DAMAGE OR INJURY IF POSSIBLE.**
- 3. REPORT FROM MECHANICAL WORKSHOP IN CASE OF DAMAGE TO TYRES AND/OR RIMS.
PHYSICAL ADDRESS: 9 RHODES AVENUE, ORANJESIG.**
- 4. IF YOU HAVE INSURANCE BUT WISH NOT TO CLAIM FROM INSURANCE, OBTAIN AN AFFIDAVIT STATING THE REASON AND IF YOU DO NOT HAVE INSURANCE AN AFFIDAVID CONFIRMING THIS.**
- 5. CLEAR ENLARGED COPY OF ID.**
- 6. CLEAR ENLARGED COPY OF DRIVER'S LICENSE.**
- 7. DELIVER OR E-MAIL COMPLETE DOCUMENTATION TO ONE OF THE FOLLOWING PERSONS:
ME. MANDLAKAZI, 4TH FLOOR, ROOM 430, BRAM FISCHER BUILDING OR E-MAIL TO
Mandlakazi.sikuza@mangaung.co.za
OR MOSIDI THATI, 4TH FLOOR, ROOM 431, BRAM FISCHER BUILDING OR E-MAIL TO
Mosidi.thati@mangaung.co.za**
- 8. CONTACT DETAILS:
ME. MANDLAKAZI SIKUZA: 051 4058673
ME. MOSIDI THATI: 051 4058364**
- 9. PROOF OF RESIDENCE.**
- 10. PROOF THAT MUNICIPAL ACCOUNTS ARE UP TO DATE. CAN DE OBTAINED FROM ENQUIRIES ON THE GROUND FLOOR.**
- 11. ADDITIONAL INFORMATION CAN BE ASKED FROM THE INSURANCE COMPANY.**