



By e-mail

9 March 2011

9/03/2011

ALEN THOMPSON
PO BOX 30482
WIBSEY
1717

Dear ALAN THOMPSON

INFORMATION REQUIRED TO PROCESS CLAIM - MOTOR CLAIMS

Policy No: ATU11247
Insured: Shenge Auto Body its principals and all relevant natural or juristic persons FT&R
Broker: 000003 RAPID DAWN INSURANCE BROKERS T/AS RISK INSURANCE BROKERS
Claim No: 0005-03-902 Broker Reference:
Section: 17 Motor
Date of Loss: 2/03/2011 Date Notified: 8/03/2011

We refer to your fax wherein you notified us of your clients intention to lodge a claim in terms of the abovementioned policy.

However and to enable us to proceed to process the claim, we require the following information to do so:

1. Fully completed claim form (see attached).
2. Documentation confirming the insureds interest in the relevant vehicle (e.g. Certificate of Registration / Licence Disk in respect of the vehicle involved in the loss).
3. Copy of the SAPS Accident Report in respect of the event giving rise to the claim or completed SAPS Accident Confirmation Form as attached.

Kindly note the following important matters pertaining to the claim:

1. It may be a policy condition that all events giving rise to a claim must be reported to the South African Police Services within 24 hours or as soon as practicable of the event giving rise to the claim occurring and if this is not complied with this may result in the claim being rejected.

2. Your client is to in no way communicate with any other party involved in the accident and that you are to please refer all third parties to us insofar as this claim is concerned.

Auto Trade Underwriters (Pty) Ltd
Unit 4 Block A, Kruin Office P, Cnr Ruhama & Banket Streets, Helderkruijn, 1733
Tel No: (011) 764-3839 Fax No: (011) 764-3543 e-mail: atu@atu.co.za
Authorised Financial Services Provider: No 5232
Reg No: 2003/031971/07 / VAT No: 4750210231

Directors: DB Geffroy

Underwriting Managers for Constantia Insurance Company Limited



0860 00 25 26
Insurance Fraudline



3. It is of utmost importance that clear legible copies of the above requested information is forwarded to us with minimum delay due to the fact that we are unable to proceed with processing the claim without clear legible copies of the abovementioned information.

4. Repairs to the vehicle where applicable are not to be commenced with prior to the assessment of the vehicle by the appoint agented and if this is not complied with this may result in the insurers rights being prejudiced and the claim possibly being rejected.

5. There is a limit on the policy in respect of towing release and any other costs related thereto and any costs in excess thereof will be for the account of the Insured.

We look forward to being in receipt of the abovementioned information to proceed with the processing of the claim.

Yours faithfully



JANE DIPUO KAU
CLAIMS CONSULTANT

Auto Trade Underwriters (Pty) Ltd

Unit 4 Block A, Kruin Office P, Cnr Ruhama & Banket Streets, Helderkruin, 1733

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Motor Vehicle Claim Form *(Delete Sections not Applicable)*

INSURER	Policy No.				HP Account No		
INSURED	Name and Occupation						
	Physical Address						
	Postal Address						
	Tel. No. & Cell No.						
	Bank Account No.						
VEHICLE	If Vehicle is subject to Hire Purchase, Credit or Leasing Agreement, state name and address of Finance Company	Make	VIN No.	G.V.M.	Km reading		
		Registration No	Value	Model & Year	Date of Purchase & price paid		
DAMAGE	Damage to own vehicle						
	Estimate for repairs/attach quotation						
	Repairers name, address & Tel. No.						
	Where can vehicle be inspected?						
	* Was vehicle towed - by whom?						
DRIVER	Full Name						
	Address						
		Tel. No:					
	Occupation/ Date of Birth						
	Licence Details	No.	Date.	Place.	Code	Full or learners	
	State fully the purpose for which the vehicle is being used						
	Was he/she driving with your permission?						
	Is he/she in your employ?						
	Has he/she any motor insurance on own car? If yes, state policy No. & Company						
	Details of any convictions for motoring offences.						
	Has licence been endorsed?						
	Has he/she any physical defects?						
	Details of previous accidents						

PASSENGERS	Name		Address		Injury	
	For what purpose where they being transported?					
	Are they employed?					
OTHER PARTY	Other Vehicles	Reg No.	Make	Name & Address of Owner of Vehicle	Name & Address of Driver (if different)	
				ID:	ID:	
				Insurance Company	Claim No.	TEL:
	Property other than vehicles	Name & Address of owner	Details of damage			
OTHER PARTY continued	Personal injuries (Other than in insured vehicle)	Name of injured		Relationship to accident.e.g. Driver, Passenger	Details of injuries	Name of Hospital if applicable
WITNESSES	Name, Address & Phone No.					
	Name, Address & Phone No.					
THEFT To be completed in the event of a vehicle theft claim.	Date, time & place of theft					
	Was the vehicle left locked					
	Who now has the vehicle keys					
	Police Station & Reference No.					
	Vehicle, engine & chassis No.				Colour of Vehicle	
	If accessories stolen, provide full details.					

INCIDENT	Date, time & place				
	Speed	Before Accident	Kmph	Moment of impact Kmph	
	Weather conditions	General		Visibility	
	Road surface	Surface		Width of road	
	Lights	Which vehicle lights were on		Street lighting	
	Was any warning given by you eg. Hooting, indicators, etc.				
	Police Details: Date Reported:	Name of Police/Traffic office who recorded details of accident		Police Station	Reference No.
	Was driver tested for alcohol or drugs?			Results	
	Description of Incident (Use separate page if necessary)				
	Sketch of Accident	Please show clearly the point of impact and indicate the direction of travel by arrows. Give details of any road safety signs or warning signs in vicinity of scene of accident (use separate page if necessary)			
DECLARATION	<p>I/We acknowledge the sharing of claims information by insurers is essential to enable the insurance industry to underwrite policies and assess risks fairly and to reduce the incidence of fraudulent claims. In the public interest and with a view to limiting premiums, I/we hereby waive any right to privacy in any insurance or claims information supplied by me or on my behalf in respect of any insurance application or claim made or lodged by me/us and I/we consent to such information being disclosed to any other insurance company or its agent. I/We also waive any rights to privacy and consent to the disclosure of any information relevant to any insurance claim concerning me or any insured person I/We represent. I/We further declare that all the particulars to be true in every respect and correct and I/we understand that if any claim lodged under this policy be in any respect fraudulent or if any fraudulent means or devices be used by me/us or anyone acting on my/our behalf or with my/our knowledge or consent to obtain any benefit under this policy or if any event be occasioned by the wilful act or with the connivance of me/us, the benefit afforded under this policy in respect of such claim shall be forfeited.</p> <p>Signature of Driver _____ Date _____</p> <p>Signature of Insured _____ Date _____</p> <p><i>NB. It is important that you notify the Insurers immediately you become aware of any impending prosecution, inquest or demand.</i></p>				



CONSTANTIA
Insurance company ltd

TO BE COMPLETED BY A MEMBER OF SAP

LICENCE CONFIRMATION	
DRIVERS NAME	
ID NUMBER	
CODE	
VALID YES/NO	
IST DATE ISSUED	
SAPS CONFIRMATION	
CASE NO	
STATION	
TEL NO	
CONTACT PERSON	
DATE OF INCIDENT	
DATE REPORTED	
VEHICLE REGISTRATION	
DRIVER OF VEHICLE	
ALCOHOL TEST	
THIRD PARTY INVOLVED	
CRIMINAL PROCEEDINGS	
COMMENTS	
THIRD PARTY DETAILS (OTHER VEHICLE)	
OWNER NAME	
TEL NO (W/H)	
CELL NUMBER	
ADDRESS	
DRIVER	
DRIVER NAME	
ADDRESS IF DIFFERENT	
TEL	
CELL	
VEHICLE	
REGISTRATION NO	
DAMAGES	
WITNESS	
NAME	
TEL	
CELL	
INSURANCE COMPANY	
COMPANY	
TEL NUMBER	
CONTACT	
POLICY NUMBER	
CLAIM NUMBER	

DATE..... CHECKED BY.....
SAPS STAMP:



Directors: DS McGlashan (Chairman), MS Paton (CEO), Dr CH Kuhn, LE Louw, GP Wayne
Tulbagh, 360 Oak Avenue, Randburg 2194, PO Box 3518, Cramerville 2060. tel:(011) 686 4200 fax:(011) 789 8828
Reg No. 1952/001514/05 VAT Reg No. 4920108935 Company Secretary: Probita Business Services (Proprietary) Limited
An Authorised Financial Services Provider, FSP No. 31111