



**MOTOR RADIO CLAIM FORM**

ALL APPLICABLE SECTIONS MUST BE COMPLETED

**1. THE INSURED**

Broker		Policy Number	
Full Names			
Tel Number		ID Number	
Occupation		Address	

**2. MOTOR RADIO DETAILS**

Make		Model	
Serial Number		Date of Purchase	

**3. FULL DESCRIPTION OF LOSS**

Date of Loss			
Full description of Loss			
Address where loss occurred			
Is there a Hire Purchase Agreement on radio?	Yes	No	
Account Number		Name of Company	
Outstanding balance	R	Period	
Was loss reported to the S.A.P?	Yes	No	If Yes, name of Police Station and Ref No:
If NO, please give reason:			
Estimated replacement value	R		
Have you already replaced the Motor Radio?	Yes	No	If Yes, where and amount:
Are you the sole owner of the Motor Radio?	Yes	No	If No, provide details:

**I/WE DECLARE THE ANSWERS GIVEN TO THE ABOVE QUESTIONS TO BE TRUE AND THAT NO INFORMATION HAS BEEN WITHHELD AND THAT THE AMOUNT CLAIMED REPRESENTS MY/OUR LOSS ARISING FROM THE ABOVE STATED EVENT.**

Signed..... At ..... Date.....

**THE ISSUE OF THIS FORM IS NOT AN ADMISSION OF LIABILITY.**