



**TYRE & RIM WARRANTY
CLAIM FORM**



DATE		OFFICE USE ONLY	CLAIM NO
------	--	-----------------	----------

SECTION A - PERSONAL DETAILS

TITLE		MR	MRS	MISS	OTHER	
FULL NAMES				SURNAME		
	ID NUMBER				EMAIL	
ADDRESS				CODE		
W TEL				H TEL ()		
CELL				ALT TEL ()		

SECTION B - CLAIM DETAILS

TRW POLICY NO		DATE OF INCIDENT	
FULL DESCRIPTION OF INCIDENT - PLEASE MARK DAMAGED TYRE/S			
			FR RR
			VEHICLE
			FL RL
TOW - IN CO. NAME		TEL NO	CONTACT
ONLY APPLICABLE FOR MALICIOUS DAMAGE			
SAPS BRANCH		CASE NO	

VEHICLE DETAILS

MAKE		MODEL	
KILOMETER READING AT DATE OF INCIDENT		REG NO	
INVOICE AMOUNT	(INVOICE MUST ACCOMPANY CLAIM)		
NAME OF SERVICE PROVIDER			

SECTION C - BANK DETAILS

ACCOUNT HOLDER			
BANK		BRANCH	
ACCOUNT NUMBER		BRANCH CODE	
TYPE OF ACCOUNT	CHEQUE	SAVINGS	

DECLARATION
I HEREBY DECLARE THAT THE STATEMENTS I HAVE MADE ARE TRUE. I AGREE THAT IF ANY FALSE INFORMATION WAS GIVEN, I LOSE ALL MY RIGHTS UNDER THIS POLICY. I HEREBY AUTHORISE GENRIC INSURANCE OR ANY OF THEIR REPRESENTATIVES TO MAKE ENQUIRES AND OBTAIN INFORMATION RELEVANT TO THIS CLAIM

SIGNATURE		DATE	
-----------	--	------	--

FOR OFFICE USE ONLY

DATE RECEIVED	DATE PROCESSED	DATE FINALISED
____/____/____	____/____/____	____/____/____

CLAIM CALCULATION			
ODOMETER READING AT INCEPTION			
ODOMETER READING AT DATE OF CLAIM			
INVOICE AMOUNT			
AMOUNT REIMBURSED			
CLAIMS ACCESSOR			