



TRAFICC (Pty) Ltd
 PO Box 3174, Cape Town, 8000
 5th Floor
 80 Strand Street
 Cape Town, 8001
 FSP No. 25955
 Tel / 0861 TRAFICC
 0861 872 3422
 Fax / 086 574 8461
 Email / claims@traficc.co.za

CLAIM FORM - TOP-UP & RETURN TO INVOICE & RETRENCHMENT

Policy Number:		(Office use only) Claim Number:	
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SECTION A - INSURED'S DETAILS

TITLE	MR	MRS	MISS	OTHER	
FULL NAMES				SURNAME	
ID NUMBER					
WORK TEL	()			HOME TEL	()
CELL PHONE NUMBER					
E-MAIL ADDRESS					
PHYSICAL ADDRESS					
POSTAL ADDRESS (if different from above)					

SECTION B - CLAIMANT'S DETAILS (if different from above)

TITLE	MR	MRS	MISS	OTHER	
FULL NAMES				SURNAME	
ID NUMBER					
WORK TEL	()			HOME TEL	()
CELL				E-MAIL	
PHYSICAL ADDRESS					
POSTAL ADDRESS (if different from above)					

SECTION C - CLAIM DETAILS

DATE OF CLAIM:	
Describe fully how the loss / damage occurred	
Have you previously suffered loss / damage?	YES <input type="checkbox"/> NO <input type="checkbox"/> (If yes, please give details below)
Is there any other insurance covering this loss / damage / incident?	YES <input type="checkbox"/> NO <input type="checkbox"/> (If yes, please give details below)
Police reference number, station and date reported (if applicable)	

PLEASE SEND BOTH PAGES OF THIS FORM WHEN COMPLETED WITH SUPPORTING DOCUMENTS TO:

TRAFICC (Pty) Ltd
 P.O. Box 3174, Cape Town 8000
 Fax: 0861 872 3422
 E-mail: claims@traficc.co.za

INDICATE TYPE OF CLAIM & FORWARD REQUIRED DOCUMENTS LISTED FOR RELEVANT CLAIM TO TRAFFIC									
TOP-UP	<input type="checkbox"/>	ACCIDENT	<input type="checkbox"/>	STOLEN	<input type="checkbox"/>	HI-JACKED	<input type="checkbox"/>	Office	
Agreement Of Loss (Signed By Insured)									
Comprehensive Insurance Policy Schedule									
Finance Agreement									
RETURN TO INVOICE	<input type="checkbox"/>	ACCIDENT	<input type="checkbox"/>	STOLEN	<input type="checkbox"/>	HI-JACKED	<input type="checkbox"/>	Office	
Agreement Of Loss (Signed By Insured)									
Comprehensive Insurance Policy Schedule									
Finance Agreement									
Dealer Invoice									
TOP-UP WITH RETRENCHMENT	<input type="checkbox"/>	Only Docs Required Indicated Below							Office
Retrenchment Letter									
Employment Contract									
Certified Copy of ID Documents									
UI-19 Form									
Bank Statements Of ALL Accounts (Three months certified bank statements reflecting salary paid prior to date of retrenchment and certified bank statements for the months requested by claims administrator).									
Confirmation of UIF being paid into your bank account / bank accounts									
Salary / Pay Slips									
Finance Agreement / Contract									
RETURN TO INVOICE WITH RETRENCHMENT	<input type="checkbox"/>	Only Docs Required Indicated Below							Office
Retrenchment Letter									
Employment Contract									
Certified Copy of ID Documents									
UI-19 Form									
Bank Statements Of ALL Accounts (Three months certified bank statements reflecting salary paid prior to date of retrenchment and certified bank statements for the months requested by claims administrator).									
Confirmation of UIF being paid into your bank account / bank accounts									
Salary / Pay Slips									
Finance Agreement / Contract									
Declaration	I declare that to the best of my knowledge all the particulars given on this claim form are true and correct, and that no material information has been withheld or omitted.								
Insured's Full Name									
SIGNATURE					DATE				