

TYRE WARRANTY

DAMAGE REPORT & CLAIM FORM



SECTION A - PERSONAL DETAILS

TITLE	MR	MRS	MISS	OTHER	
FULL NAMES				SURNAME	
ID NUMBER					
WORK TEL			HOME TEL ()		
CELL			E-MAIL		

SECTION B - CLAIM DETAILS

POLICY NO			DATE OF INCIDENT												
INCHES PER TYRE	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24

FULL DESCRIPTION OF INCIDENT - PLEASE MARK DAMAGED TYRE/S

			FL	FR
			FRONT	
			VEHICLE	
			REAR	
			RL	RR
PICTURES ATTACHED:	YES		NO	
TOW - IN CO. NAME			TEL NO	CONTACT

ONLY APPLICABLE FOR MALICIOUS DAMAGE

SAPS BRANCH			CASE NO	
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SECTION C - TYRE FITMENT CENTRE REPORT

MAKE OF VEHICLE:			MODEL OF VEHICLE:		
MAKE OF TYRE:			INCHES OF TYRE:		
ODOMETER READING ON DATE OF THE INCIDENT			REG NO		
INVOICE AMOUNT			(TFC'S INVOICE MUST ACCOMPANY CLAIM)		
NAME OF TYRE CENTRE:					
1) PERSON ATTENDING TO REPAIR / REPLACEMENT:					
2) CONTACT: TEL:			E-MAIL:		
3) IS THE TREAD LIMIT LEGAL:			YES	NO	
4) CAN WE SEND ASSESSOR TO VERIFY?			YES	NO	
5) TYRE FITMENT CENTRE'S ASSESSMENT OF PROBLEM & RECOMMENDATION:					

SECTION D - INSURED'S BANK DETAILS (If Payment To Insured)

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

DECLARATION

POLICY. I HEREBY AUTHORISE RESOLUTION INSURANCE OR ANY OF THEIR REPRESENTATIVES TO MAKE ENQUIRES AND OBTAIN INFORMATION RELEVANT TO THIS CLAIM

SIGNATURE			DATE	
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FOR OFFICE USE ONLY

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

CLAIMS ASSESSOR		
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PLEASE SEND THIS FORM WHEN COMPLETED, DIRECTLY TO:

TRAFICC (Pty) Ltd

P.O.Box 3174, Cape Town, 8000

or

Fax To: 086 574 8461 or E-mail To: claims@traficc.co.za