

Tel: 012 111 1972
info@phetoloers.co.za
www.phetoloers.co.za
Co Reg: 2015/260445/07



Unit 15, Garsfontein Office Park
645 Jacqueline Dr, Garsfontein
Pretoria, South Africa
Vat Nr: 4550285482



NOT YOUR FAULT

Dear Potential Client

Kindly complete the claim form and return to nyf@excelrs.co.za to enable us to attend to your third-party recovery claim. If you have any questions, you are welcome to contact us at **086 111 3826**. Your Cooperation will be greatly appreciated.

Your details:

Registered owner of vehicle:	
If a Company, please provide the VAT registration number:	
Contact details (work):	
Contact details (cell):	
E-mail address:	
Your Vehicle (Make, Model):	
Your Vehicle (Registration number):	
Driver (Full Name):	
Driver Id number:	
Driver contact details:	
Was the driver your employee and driving under your instruction?	

A Darlington, KE Magosa, MM Mphela, KTN Nzima, M Oosthuizen, W Young

Other party's details:

Name of the owner of the vehicle:	
Id number of the owner:	
Contact details for the owner:	
E-mail address for the owner:	
Name of the driver of the vehicle:	
Id number of the driver:	
Contact details for the driver:	
E-mail address for the driver:	
Vehicle make & model:	
Vehicle registration number:	
Name of insurer:	
Third party Policy / Claim number:	

SAP Details

AR number	
SAP Branch	
SAP Branch contact details	

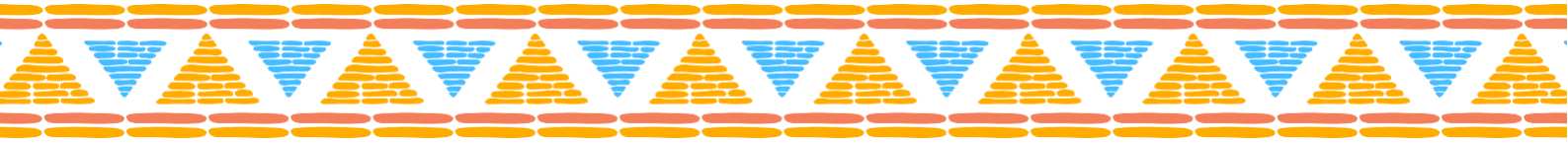
Witness details:

Were there any INDEPENDENT witnesses that may be able to confirm your version of the accident.

Name of witness 1:	
Contact details for witness 1:	
Name of witness 2:	
Contact details for witness 2:	

Accident details:

Date of accident:	
Time of accident:	
Location of accident (Street names and suburb):	
Speed before accident:	
Speed at time of impact	
Weather conditions	



Description of accident:

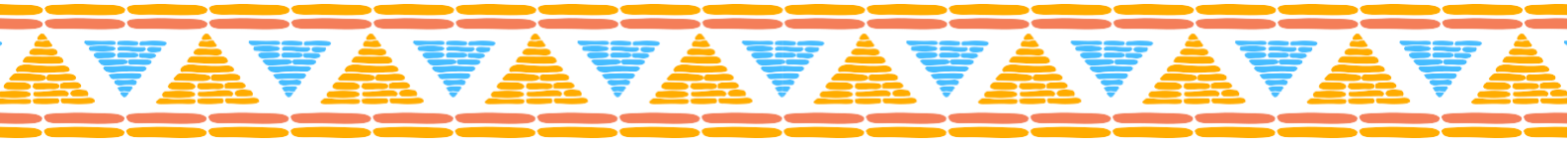
Detailed description of exactly how the accident occurred.

I/We hereby declare that to the best of our knowledge and belief, the foregoing particulars are true, correct and complete disclosure of the circumstances relating to the claim and I undertake to render to the company all assistance in our power in dealing with the matter. I also declare that there is no other insurance under which a claim can be made and that the said vehicle is my sole property.

Detailed sketch of exactly how the accident occurred.

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I, _____ with ID number: _____ declare that I am the owner of the above-mentioned vehicle and agree to the terms and conditions.

Signed at _____ on _____ (date)

Vehicle owner

Vehicle driver

