Hollard Insurance Company of Namibia Ltd

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PO BOX 642, MARIENTAL, NAMIBIA, TEL +264 63 243 388
PO BOX 1234, KEETMANSHOOP, NAMIBIA,TEL +264 63 225 140

MOTOR XTENDER CLAIM FORM

(TO BE COMPLETED AND SIGNED BY CLAIMANT)

Insured Name		Policy Number	
Occupation		Contact Number	
Insured Address		E-mail Address	
Agent Name & No		Agent Reference	

PARTICULARS OF VEHICLE

Vehicle Make & Model		Year Model	
Date of breakdown		Registration No	
Odometer Reading		Engine No	
Vin Number		Place where vehicle normally being serviced	
Date of last service		Purpose for which vehicle normally being used	
Name of repairer		Contact number of repairer	

DAMAGE TO VEHICLE

DECLARATION

I/we warrant and declare that the particulars given above are true in every respect and that I/we have not withheld any information whatsoever in connection with the claim.

Signature of Insured		Capacity		Date	

It is important that You notify Us immediately You become aware of any impending prosecution, inquest or demand.

*This form should be **completed fully without delay** and forwarded to any branch of Hollard Insurance or your broker / agent. Please also attach proof of the service history of the vehicle as well as a detailed quote of work to be done on the vehicle which you are claiming for.*

The issue of this form does not imply an admission of liability.