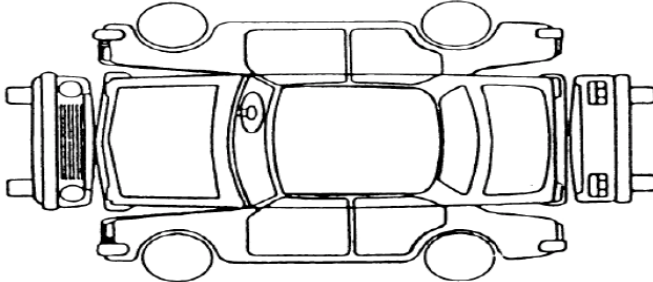


# MOTOR HAIL DAMAGE CLAIM FORM

(DELETE SECTIONS NOT APPLICABLE)

		INSURER			
		POLICY No.		BROKER	THOR INSURANCE BROKERS
INSURED	NAME & OCCUPATION				
	IDENTITY NUMBER & ADDRESS				
	CELLPHONE, FAX & EMAIL				
VEHICLE	VEHICLE DETAILS	YEAR	MAKE	MODEL	REGISTRATION NO
		VALUE	DATE OF PURCHASE	PRICE PAID	TARE / GVM
		IN WHOSE NAME IS THE VEHICLE REGISTERED			
DAMAGE	DETAILS OF DAMAGE e.g. bonnet left side, left front fender, left headlight, etc.				
	AREA OF DAMAGE TO VEHICLE (details)				
	DATE & TIME				
	WEATHER CONDITIONS & VISIBILITY				
	WHERE CAN DAMAGED VEHICLE BE INSPECTED				
DRIVER	FULL NAME				
	ADDRESS				
	IDENTITY NO. & CELLPHONE & WORK NUMBER				
	DRIVERS LICENCE	DATE	PLACE	CODE	FULL – LEARNERS
	STATE FULLY THE PURPOSE FOR WHICH THE VEHICLE WAS BEING USED				
	WAS HE/SHE DRIVING WITH YOUR PERMISSION?				
	WAS HE/SHE IN YOUR EMPLOY?				
CIRCUMSTANCES OF LOSS	SKETCH OF DAMAGE (Please show clearly where the damage is located on the vehicle)				
					
DECLARATION	I DECLARE THE FOREGOING PARTICULARS TO BE TRUE IN EVERY RESPECT.  SIGNATURE OF INSURED: ..... DATE: .....  SIGNATURE OF DRIVER (If not insured) : .....				