

PLANT ALL RISKS (Windscreen Claim Form)

Guide for completion

Please complete all sections of this form and note the following:

- The completion of this form does not constitute acceptance of liability by the Insurer
- The Claim Advice Form is required to be returned immediately

The following documentation is required to proceed with the claim:

Windscreen claims

- Quotation/invoices
- Photographs of the damages

Note: Quotation/invoice to contain the item description, registration number, serial number, VIN number or engine number

Depending on the information we receive, additional information may be required.

MIRABILIS ENGINEERING UNDERWRITING MANAGERS (PTY) LTD

MIRABILIS IS AN AUTHORIZED FINANCIAL SERVICES PROVIDER: 28190

PHYSICAL ADDRESS: 1ST FLOOR, CRADOCK PLACE, 5 CRADOCK AVENUE, ROSEBANK, 2196
TEL NO: 0861 100 100 or +27 11 880 8200
REGISTRATION NO: 2006/018854/07

POSTAL ADDRESS: PO BOX 2081, SAXONWOLD, 2132
FAX NO: +27 11 880 6857
VAT NO: 4130230354

DIRECTORS: RJ MYERS (CHIEF EXECUTIVE), SA GRAHAM (DIRECTOR), QM MATTHEW (NON-EXECUTIVE), JDV MELVILLE (NON-EXECUTIVE), HD NEL (NON-EXECUTIVE)

PLANT ALL RISKS – WINDSCREEN CLAIM FORM

POLICY NUMBER: _____ INSURED: _____

BROKERAGE: _____

INSURED CONTACT NAME & NUMBERS: Phone / E –mail/ Cell Phone:

ITEM NUMBER OF PLANT ON THE POLICY SCHEDULE:

MAKE / MODEL / SERIAL NUMBER/YEAR:

DATE OF LOSS:

WHERE DID LOSS OCCUR (ON SITE/PUBLIC ROAD/OR BEING TRANSPORTED):

CAUSE OF DAMAGE: (including digital photographs):

ESTIMATED COST OF REPAIR:

WAS THE PLANT ITEM ON HIRE AT THE TIME OF THE LOSS: **YES / NO** (If yes, attach copies of the hire documentation):

I / We warrant that the foregoing information provided is true and correct, and that no information has been withheld in respect of the loss / damage. I / We undertake to advise Mirabilis Engineering Underwriters (Pty) Ltd in writing in the event of any changes to supplied information, and in the event of the recovery of any part of the property forming the subject of this claim.

Insured Signature: _____

Capacity: _____

Date: _____

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