



ROADSIDE ASSISTANCE CLAIM FORM

INSURED DETAILS	Name and Occupation			
	ID No			
	Address			
	Day Phone Number			
VEHICLE	Year, make & model of vehicle			
	Registration Number		Odometer Reading	
	In whose name is the vehicle registered?			
ASSISTANCE PROVIDED (TICK THE SERVICE RECEIVED)	<input type="checkbox"/> Mechanical Damage Towing (Limit as per Policy Wording applies)			
	<input type="checkbox"/> Flat Battery Assistance (Jumpstart Service)			
	<input type="checkbox"/> Flat Tyre Assistance (Changing of Tyre Service)			
	<input type="checkbox"/> Fuel Assistance (Should you have run out of fuel)			
	<i>Date, Time & Place of incident</i>		<i>Date</i>	<i>Time</i>
DECLARATION	We hereby declare the foregoing particulars to be true in every respect.			
	Signature of Driver			
	Signature of Insured			
	Date / /			