



## **FIRST CLAIM NOTIFICATION FORM**

**BROKER**

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**BROKER TEL NO.**

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**INSURED**

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**POLICY NO.**

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**TRUCK TRACTOR**

REG NO.

YEAR, MAKE & MODEL

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**TRAILER (FRONT)**

REG NO.

YEAR, MAKE & MODEL

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**TRAILER (REAR)**

REG NO.

YEAR, MAKE & MODEL

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**LDV/ PRIVATE  
MOTOR**

REG NO.

YEAR, MAKE & MODEL

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**DATE OF LOSS**

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**PLACE OF  
INCIDENT**

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**DRIVER NAME**

**DRIVER ID  
NUMBER**

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**INSURED**

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**POLICY NO.**

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**DESCRIPTION OF  
INCIDENT**

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**WAS THE INCIDENT REPORTED TO THE  
S.A.P.S**

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**WHERE CAN VEHICLE/S ARE INSPECTED?**

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**CONTACT NAME AND TELEPHONE NO.**

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**ESTIMATED AMOUNT OF DAMAGES TO OWN VEHICLE/S**

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**ESTIMATED AMOUNT OF DAMAGED TO THIRD PARTY VEHICLE AND OR PROPERTY**

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