

# PinnAfrica

Insurance Underwriting Managers

Fax No: 086 415 6309  
 Tel No: 010 007 0069 / 011 047 4400  
 E – Mail: claims@pinnafrica.co.za

## Care and Cosmetic cover policy Policy Holder Details

Initials: \_\_\_\_\_ Surname: \_\_\_\_\_  
 ID Number: \_\_\_\_\_ E – Mail: \_\_\_\_\_  
 Cell: \_\_\_\_\_ Tel: \_\_\_\_\_

Postal Address: _____ _____ _____	Bank Details																				
Post Code: _____	Bank: _____ Account No: <table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> Branch: _____ Branch Code: _____																				

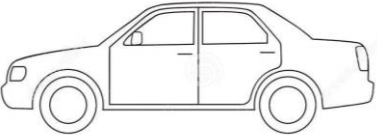

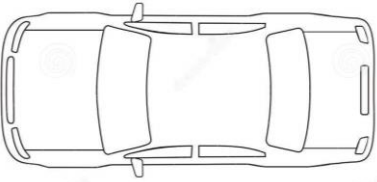
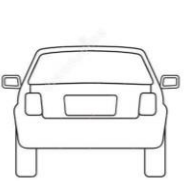
## Vehicle Details

Make & Model: \_\_\_\_\_ Year: \_\_\_\_\_ GVM: \_\_\_\_\_  
 Registration: \_\_\_\_\_ Chassis No: \_\_\_\_\_

Damage Area	Repairing dealer:	_____
	Date of Damage:	_____

**Please indicate with an X the benefit which you are claiming for:**

Windscreen:  Rim :  Tar spots:  Scratches :  Dents:  Interior

<p><b>Where your claim is for scratches or dents, please indicate the specific area below:</b></p> <table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 33%;">Side</td> <td style="width: 33%;">Left</td> <td style="width: 33%;">Right</td> </tr> </table> <div style="display: flex; justify-content: space-around;">   </div> <hr/> <div style="display: flex; justify-content: space-around;">   </div>	Side	Left	Right	<p><b>Where your claim is for interior damage, please indicate the specific area below:</b></p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Centre Console</td> <td><input type="checkbox"/> Seat stitching</td> </tr> <tr> <td><input type="checkbox"/> Door handle</td> <td><input type="checkbox"/> Steering wheel</td> </tr> <tr> <td><input type="checkbox"/> Plastic door panel</td> <td><input type="checkbox"/> Rubber carpet inserts</td> </tr> <tr> <td><input type="checkbox"/> Plastic door kick panel</td> <td><input type="checkbox"/> Sun visor</td> </tr> <tr> <td><input type="checkbox"/> Hand brake boot</td> <td><input type="checkbox"/> Gear lever</td> </tr> <tr> <td><input type="checkbox"/> Centre armrest</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Head rest</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Front seat backboard &amp; Pocket</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Interior boot carpet</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Seat panel</td> <td></td> </tr> </table>	<input type="checkbox"/> Centre Console	<input type="checkbox"/> Seat stitching	<input type="checkbox"/> Door handle	<input type="checkbox"/> Steering wheel	<input type="checkbox"/> Plastic door panel	<input type="checkbox"/> Rubber carpet inserts	<input type="checkbox"/> Plastic door kick panel	<input type="checkbox"/> Sun visor	<input type="checkbox"/> Hand brake boot	<input type="checkbox"/> Gear lever	<input type="checkbox"/> Centre armrest		<input type="checkbox"/> Head rest		<input type="checkbox"/> Front seat backboard & Pocket		<input type="checkbox"/> Interior boot carpet		<input type="checkbox"/> Seat panel	
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**You must, for all claims, provide us with clear photographs of the damaged area of the vehicle at claim stage with the exception of your first claim where we will require photo's of the full vehicle, front, bonnet, roof, left side, right side, boot and or rear, taken at the Approved Repair Centre at claim stage.**

Dealer Signature: \_\_\_\_\_ Customer Signature: \_\_\_\_\_

Dealer Name: \_\_\_\_\_ Date: \_\_\_\_\_