

PinnAfrica

Insurance Underwriting Managers

Extended Warranty Claims Process

Cover only for mechanical / electrical failure

Step 1:

Call PinnAfrica on 010 007 0069 / 011 047 4400 or email: claims@pinnafrica.co.za and notify us of a possible claim within 3 working days of the incident.

Step 2:

The client may take the vehicle to any qualified repairer of their choice.

The selected repair facility will establish the cause of breakdown and /or mechanical failure and check that the part causing the failure is covered by the policy. The Repair facility must forward a written quotation to the Claims department to enable the Underwriting manager to process the claim.

We will require the following details for us to assess validity of the claim:

- Claim form to be completed, dated and signed;
- Nature of mechanical failure / breakdown (failure, cause, remedy), including diagnostic report;
- Address where vehicle can be inspected;
- Service records and/or invoices;
- Quotation of repairs.

Step 3:

PinnAfrica will review the quote and all relative claim documents to assess the validity of the claim. The Administrator reserves the right to inspect your vehicle or failure before authorisation is given.

Should it be necessary to disassemble any component to establish the cause or extent of the damage, it is your responsibility to authorise the disassembly / stripping to establish whether there is any liability under your Policy. The cost for the disassembly / stripping to ascertain the cause of failure will be for your own account in the event the claim is not covered.

Please Note

Any repair work commenced or carried out without prior authorisation by PinnAfrica Insurance Underwriting Managers will render the claim invalid. After the work has been completed by the Authorised Dealer, you shall inspect the vehicle to ensure that the service work is satisfactory and complete in all respects.

Please ensure that the Authorised Dealer submits all repair invoice(s) within 30 days after the repairs are completed, failing which the claim will not be considered.

Should your claim be rejected, you are entitled to receive a full explanation from the Administrator

***For full policy terms & conditions, please refer to the policy documents handed to you at point of sale.**

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Extended Warranty Claim Form Policy Holder Details

Initials: _____ Surname: _____
 ID Number: _____ E – Mail: _____
 Cell: _____ Tel: _____

Postal Address: _____ _____ _____ Post Code: _____	Bank Details																				
	Bank: _____ Account No: <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> Branch: _____ Acc Type: _____																				

Claim submitted to another insurer? Yes No If yes, with whom? _____

Vehicle Details

Make & Model: _____ Year: _____ GVM: _____
 Registration: _____ Chassis No: _____ Odo Reading:

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 KM

What was the vehicle used for?

Incident Details	Date of Incident:	D	D	M	M	Y	Y
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Brief Description: _____

Parts Description <small>(Section to be completed by mechanical repairer at dealership / repair shop)</small>	Dealership Name & Contact number:
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Part: _____ Part Number: _____
 Part: _____ Part Number: _____
 Part: _____ Part Number: _____

**We hereby confirm that all the details are completed true and accurate.
 Please submit all documents to zaclaims@pinnafrica.co.za**

Dealer Signature: _____ Customer Signature: _____

Dealer Name: _____ Date: _____