

PinnAfrica

Insurance Underwriting Managers

Block A, 1st Floor, The Ambridge Office Park, 1 Vrede Avenue, Epsom Downs, Douglasdale, 2021
PO Box 98758, Sloane Park, 2152 – Tel: 010 007 0069 – Fax: 086 415 6308
Email: claims@pinnafrica.co.za – Website: www.pinnafrica.co.za
PinnAfrica Insurance Underwriting Managers (Pty) Ltd. (2007/035443/07). FSP Number 39123
Directors: NC Du Piesanie, N Wearne, JJ Pearson
Non-executive Director: K Sicwebu

DIRECTIONS TO CLAIMANT

Dear Claimant

To make a claim for a benefit under the policy you must read this document carefully and ensure that you understand what is required of you. Should you have any questions on what to do or how to submit your claim you should contact us on the above numbers. Before you complete any forms you must ensure that you have read the policy document thoroughly and that the relevant cover exists under the policy.

You must be aware that any omission or misstatement on the forms may lead to the claim being declined. You or any other person completing the forms must do so as honestly and truthfully as possible. You must make sure that you provide as much details as possible when answering the questions. In the case of a deliberate omission or misstatement that may influence the outcome of the claim, a case of fraud may also be instituted against yourself or the person completing the form.

You must ensure that you have enclosed copies of all relevant reports and documents, as failure to do so may delay the processing of the claim. Once we have reviewed the claim we may request additional information. It is your responsibility to forward us that information as quickly as possible. No decision may be made on a claim if any requested information is outstanding.

Below we have illustrated a table of what forms must be completed. We have also indicated what other documents must be submitted with your claim. Please ensure that you submit completed and signed copies of all the forms requested, and all the documents required. Where unable to do so please advise us of the reason/s to enable us to assist, give further instructions / assistance.

Once we have received the initial claim documentation we will inform you of any further requirements or our decision. You must be aware that the completion of any forms and the submission of a claim in no way constitute an admission of liability on the insurer.

Kindly return claim form within 30 days of notification and all other documents as soon as possible. We thank you for your assistance in this matter.

Forms Required	Type of Benefit						
	Shortfall	Excess	Deposit	Installment	RTI	Supplementary	Tyre Warranty
Claim Form	X	X	X	X	X	X	X
Documents Required							
Contract/Installment Sale/Lease Agreement	X	X	X	X	X	X	
Offer to Purchase	X		X		X	X	
Vehicle Model Spec	X		X		X	X	
Amortisation/Repayment Schedule	X	X	X	X	X	X	
Dealers Tax Invoice	X	X	X	X	X	X	X
Detailed Statement	X	X		X			
Underlying Insurer Claim form	X				X	X	
Underlying Insurer Policy Wording and Policy Schedule	X				X	X	
Agreement of Loss / Ex-Gratia Agreement	X	X	X	X	X		
Letter of Rejection by Underlying Insurer						X	
Quotation for Replacement						X	X
Quotation for Repair						X	X
Driver's License & Certified ID Copy of Policy Holder	X	X	X	X	X	X	X

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SHORTFALL / SUPPLEMENTARY / DEPOSIT / EXCESS /INSTALLMENT

Insured / Policyholder Details	
Surname and Initials	
Company Name	
ID Number	
Policy Number	
Telephone And Fax Numbers	
Cell Number	
E-mail Address	
Physical Address	
Postal Address	
Insured / Policy Holder Bank Account Information	
Name of Account Holder	
Bank	
Branch Name & Branch Code	
Account Number	
Type of Account	
Finance House (Credit Grantor) Information	
Finance House Name	
Account No / Reference No	
Contact Person	
Telephone and Fax Numbers	
Start Date of Contract	
Motor Dealer / Vehicle Purchase Information	
Dealer Name	
Telephone and Fax Numbers	
Deposit Paid	R
Optional Extras / Accessories (Please list)	
Comprehensive Insurance Company Information	
Insurance Company Name	
Policy Number	
Agent Dealing with Claim	
E-Mail Address	

Telephone and Fax Numbers	
Loss (Accident, Theft, Hijack) Details	
Vehicle Details (Make, Model, Year of Manufacture)	
Mileage on Vehicle-on Date Of Loss	
Reason for Loss (Theft, Hijack Accident)	
Meade & McGrouther Code	
Date of Loss	
Underlying Insurer Claim Number	
Excess Payable	R
Other Deductions	R
Date of Payment to Finance House (See notes 7, 8 & 9 if not paid)	
Amount Paid to Finance House	R
Please attach the relevant documentation to process claim:	
√	
1.	A copy of the instalment Sale Agreement (Finance Deal signed)
2.	Finance House Bank Account Details
3.	Payment History printout from the Finance Institution - from date of purchase to date, showing payments made, account balances and arrears
3.	A copy of the Original Tax Purchase Invoice for the vehicle on claim
5.	A copy of the signed Agreement of Loss
6.	Other - In the event of Substitution of vehicle, Addendum to the Finance Agreement Agreeing to the Substitution as well as the <u>New Vehicle</u> Tax Purchase Invoice
7.	In the event that the claim has been rejected by Underlying Comprehensive Insurer, please attach copy of the letter of Rejection.
8.	Copy of Underlying / Comprehensive Motor Policy Schedule and Schedule of Excess / First Amount Payable relating to Vehicle on Claim.
9.	Confirmation from Ombudsman that Claim Rejection is being attended to.

SPECIAL NOTE: VIOLATION / SUPPLEMENTARY COVER CLAIMS

Violation / Supplementary Cover is where a claim has been rejected by the Underlying / Comprehensive Insurer. The matter must be referred to the office of the Ombudsman by the Insured / Policyholder for determination as to whether the claim rejection by the Underlying / Comprehensive Insurer is fair and equitable.

DECLARATION and AUTHORITY

I declare that the statements that I have made are true. I agree that if they are found to be untrue, I lose all my rights under the policy. I authorise Pinnafrica Underwriting Managers and any of its representatives to make any enquiries and obtain any information they consider relevant from me, my motor insurer, motor dealer or elsewhere. I fully understand that it is my responsibility to give all necessary information to the Tax Authorities and to meet any tax demands I may have from my claim being paid.

Signature of Insured / Legal Representative:

Date: / /