

## POTHOLE DAMAGE CLAIM FORM

Kindly note that we need the following documents to attend to all pothole claims – this includes the claim form:

- a photo of the pothole
- vehicle registration certificate
- copy of ID or driver’s licence
- GPS coordinates of pothole location

DETAILS OF REGISTERED OWNER OF VEHICLE			
Name & Surname			
ID Number			
E-mail			
Contact Number			
Physical Address			
VEHICLE DETAILS			
Model and Year			
Type			
Registration Number			
Make and size of Tyres			
DETAILS OF INCIDENT			
Date			
Driver’s Name			
Time (day/night)			
Speed travelled			
Weather Condition			
Location of Pothole			
Do you travel on this road often?	Yes		No
Where were you coming from and going to?			
What is the name of the road where the pothole was in?			
Were there any landmarks close to where you were (e.g., garage, etc.)?	Yes		No
How far (in kms) was/were the landmark/s?			
Which province was it in?			
How Many Tyres were damaged?			

How Many Rims were damaged?			
Description of loss/ damage			
Did you see the pothole? If No, why?	Yes		No
What was the damage to the tyre? (e.g., bubble, cut on the side wall)			
SAPS information needed (only if reported to SAPS)			
SAPS Docket Number			
Witness:                      Name			
Cellphone number			
<b>Payment method</b>	You may select, for added security, payment of any amount due to you directly into a bank account. Please specify the name of the bank, branch, name of account and account number.		
	Name of bank:	Branch:	
	Name of account:	Account number:	

**DECLARATION:**

I, \_\_\_\_\_ hereby declare that this claim for alleged damage to my vehicle on the date as described above has not been submitted to South African National Roads Agency Ltd or to any other insurers. If evidence to contrary is revealed, I accept that this claim will be declared null and void and that no further claim can be instituted against Hollard. I also declare that all the information supplied here in is true.

I/We warrant that the answers given are true and correct. All details provided on this form are done so honestly and in good faith. This means that Hollard Company Ltd has been made aware of all important information and that any incorrect information may mean that the claim may be rejected, and the policy cancelled.

**PROTECTION OF PERSONAL INFORMATION:**

We care about your privacy. In order to provide you with our service, we and our service providers have to process the personal information you provide us with by completing this form. We will treat this information with caution and we have put reasonable security measures in place to protect it.

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
**DATE**