

## POTHOLE CLAIM

Claim number: \_\_\_\_\_

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

- at least five photos of the pothole from different angles
- photos and details of nearby landmarks to verify the location
- vehicle registration certificate
- copy of ID or drivers license
- GPS coordinates or a clear address of the pothole

Who is the registered owner of the vehicle? \_\_\_\_\_

Date and time you hit the pothole? \_\_\_\_\_

Do you travel on this road often? \_\_\_\_\_

Where were you coming from and going to? \_\_\_\_\_

What is the name of the road that the pothole was in? \_\_\_\_\_

Were there any landmarks close to where you were (e.g. garage, etc.)? \_\_\_\_\_

How far (in kms) was/were the landmark/s? \_\_\_\_\_

Which province was it in? \_\_\_\_\_

Please provide a brief description of the incident: \_\_\_\_\_

Did you see the pothole? \_\_\_\_\_

If No, why? \_\_\_\_\_

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: \_\_\_\_\_

### Declaration

I hereby declare and warrant that the information given in this claim form is in every respect complete and true.

I authorise any medical practitioner, hospital or other person to provide The Hollard Insurance Company Limited with any information they may require relating to the medical history or any other information required for the assessment of this claim of the insured person who is the subject of this claim and the injury or illness to which this claim relates. I agree that the consent shall remain in force at all times, and that a copy of this declaration shall be accepted as the original.

## 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 document. We will treat this information with caution and we have put reasonable security measures in place to protect it.

\_\_\_\_\_  
Insured's signature:

\_\_\_\_\_  
Date:

\_\_\_\_\_  
Capacity: