

Warranty Claim Form

Policy number	<input type="text"/>
Name and surname	<input type="text"/>
ID number	<input type="text"/>
Contact number	<input type="text"/>
Vehicle make	<input type="text"/>
Vehicle model	<input type="text"/> Year <input type="text"/>
Registration number	<input type="text"/>
Vehicle VIN number	<input type="text"/>
Date mechanical or electrical problem first noticed	<input type="text"/>
Current kilometre reading	<input type="text"/>
Claim description	<input type="text"/>

Has this issue or a similar issue presented before?

Is the vehicle drivable?

Was vehicle towed after the incident?

Have you obtained a damage report?

Date of last service

Kilometre reading at last service

Do you have any additional documents to submit?

Document description

Please forward the completed claim form together with the latest applicable policy schedule and wording and any supporting documents (image of vehicle license disk, quote, records of your service history, damage report) to unlimitedclaims@dotsure.co.za