

BROKER VEHICLE BOOKING

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PLEASE WRITE CLEARLY

Claims Handler	
Date	
Authorised by	
Telephone Number	
Email Address	@
Insured Details	
Insurer	
Claim Number	
Insured Name	
Driver	
Contact Number	
Type of Incident	Accident <input type="checkbox"/> Theft <input type="checkbox"/> Write-off <input type="checkbox"/>
Rental Details	
Car Group	A-1.3 Manual <input type="checkbox"/> B-1.4/1.6 Manual <input type="checkbox"/> D-1.6 A/T <input type="checkbox"/> 1D- LDV 1 Ton-Open <input type="checkbox"/> 1E- LDV 1 Ton-Canopy <input type="checkbox"/>
Date Hired From	
Total Days Required	
Max. Days Allowed	
Remarks	