

MINI Financial Services

Administrator: Innovation Group

Insurance.

Top Up Cover Claim Form.

Innovation House, 155 West St, Sandown, Sandton, 2031
Tel. 0860 100 269
E-mail. bmwfs@innovation.group

Insured / Policyholder details

Full name:	Company name:
ID no.:	Policy no.:

Residential address:

Postal address:

Home tel. no.:	Work tel. no.:
Fax no.:	Cell no.:
E-mail address:	

Insured / Policyholder Bank Account Information

Name of account holder:	Bank name:
Bank branch name and branch code:	
Bank account no.:	Type of bank account:

Finance House (Credit Grantor) Information

Finance house name:	Account no. / reference no.:
Contact person:	Telephone no.:
Fax no.:	Start date of contract:

Motor Dealer / Vehicle Purchase Information

Dealer name:	Telephone no.:
Fax. no.:	Start date of contract:
Deposit paid: R	Optional extras / accessories - please list:

Comprehensive Insurance Company Information

Insurance Company name:	Policy no.:
Agent dealing with claim:	E-mail address:
Telephone no.:	Fax no.:

Loss (Accident / Theft / Hijack) details

Vehicle details (make, model, year of manufacture)

Kilometre reading of vehicle on date of loss:

Reason for loss (i.e. theft / hijack / accident):

Auto Dealers code:

Date of loss:

Underlying Insurer claim no.:

Excess amount payable: R

Other deductions amount: R

Date of payment to finance house (see notes 7, 8 & 9 below if not paid):

Please attach the relevant documentation to process claim (and tick the checklist below once you have it):

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.
4. 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 and the new vehicle 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 Innovation Group 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

Signed on DD / MM / YYYY

MINI FINANCIAL SERVICES.



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