

123 Excess Free Claim Form

Policyholder Details

Insurer	Mutual and Federal Risk Financing Ltd				
Insured			Policy Number		
Telephone	Home		Work		Cell

Broker Details

Broker Name					
Contact	Tel no		Fax		E-mail

Details of Loss /Damage

Date of Loss		Time of Loss: Please indicate am / pm	
Description of Loss			
Estimated Amount of Loss			

Underlying Policy

Underlying Insurer			
Underlying Policy No.		Underlying Policy Premium	

Excess Claimed

Please specify sections that you are claiming for on the underlying policy

Section	Amount claimed	Section	Amount claimed

Total Monthly Gross Premium	
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Cover	Amount claimed	Section	Amount claimed
Basic Excess (Motor and Plant)		Theft and Hijack Excess (Goods in Transit)	
Theft and Hijack Excess (Motor and Plant)		Professional Indemnity Excess	
Third Party Excess (Motor and Plant)		Downtime (Motor and Plant)	
Basic Excess (Goods in Transit)		Shortfall (Motor and Plant)	
Fire, Collision and Overturning Excess (Goods in Transit)		Total Amount Claimed	



Your Responsibility

Excess and Downtime

1. Completed claim form
2. Proof of a valid claim
 - a. Proof of payment
 - or
 - b. Signed agreement of loss by the Underlying Policy Insurer.
3. Proof of the
 - a. excess applied by the Underlying Insurer
 - or
 - b. Downtime suffered
4. Proof of the type cover provided by the Underlying Policy Insurer
5. All license documents and other information required
6. Proof that the underlying policy is active and in full force
7. Quote for repairs / replacement
8. Final Costing / Invoice for repairs or replacement
9. Signed agreement of loss. Payment is conditional upon signature of the client on the agreement of loss.

Shortfall

1. Completed claim form
2. Copy of the credit agreement
3. Full statement of the Insured's account with the Financial Institution in respect of the Credit Agreement.
4. Proof of a valid claim
 - a. Proof of payment
 - b. Signed agreement of loss by the Underlying Policy Insurer.
5. If the Financial Institution is made aware that the Insured Vehicle(s) has been damaged, during the period of insurance, and the Insured is unable to, or refuses to, or cannot be traced to complete claims documentation in connection with the damage, the completion and / or signature of the documentation will be assigned to a duly authorized official of the Financial Institution.

Disclaimer

You are responsible for giving us true and complete information relevant to this claim. You hereby confirm that your loss or damage occurred during the period of insurance.

Signed at: _____ Signature: _____

Name and surname of signatory: _____

Designation: _____ Date: _____

Ibiliti Underwriting Managers

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