Infinite Credit
Underwriting Managers

Unit E1, Westwood Office Park,602 Kudu Street, Allen's Nek , Roodepoort,
An authorized financial services provider FSP: 46366
Reg: 2007/018079/07 Tel: 010 300 6291 Website: www.i-credit.co.za

SCRATCH AND DENT CLAIM FORM

Policyholder Details				
Surname & Initials / Company				
Policy Number				
Claim Number				
ID Number				
Cell Number				
E-mail Address				
Cover Option				
Loss Details				
Vehicle Details (Make, Model, Year of Manufacture, Registration)				
Date Of Loss				
Damage reported to the Comprehensive Insurer	YES		NO	
Insurer Name and Contact details				
Short description of damages on the vehicle				

Please attach the relevant documentation to process claim:	
1.	Quotation of damage repair cost
2.	Photos of damaged on the vehicle

Signature of Insured / Legal Representative: _____

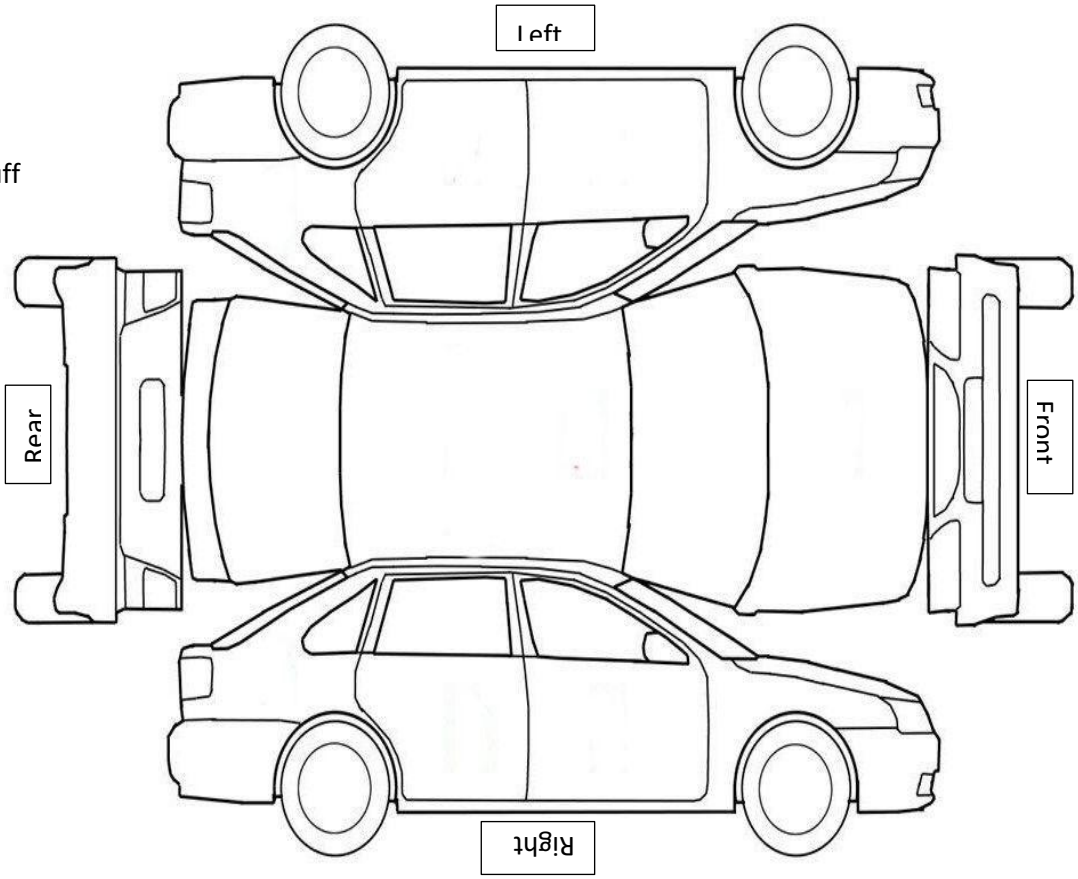
Date:_____ /_____ /_____ .

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Please indicate the area of damage on the below diagram

D	Dent
S	Scratch
B	Bumper Scuff
C	Chip



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 authorize iCredit and any of its representatives to make any enquiries and obtain any information they consider relevant from me, my motor insurer 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: _____

Date:_____ /_____ /_____ .