

EXAMPLE OF A FILE NOTE/CHECKLIST FOR A MOTOR CLAIM

Insured		Personal	Commercial	Claim number
Date of loss		Date reported		Date received
Assessor		Date appointed		Date report received
Completed claim form received	YES NO	Vehicle registration number		
Claim within Period of Insurance	YES NO	Police case number		
Loss caused by Insured Peril	YES NO	Driver's licence		
Risk address covered	YES NO	Assessed amount	R	
Current value of property established	YES NO	Basic excess	R	
Claim calculated, excess deducted	YES NO	Other excesses	R	
AOL signed	YES NO	Authorised amount	R	
Quote received	YES NO	Date of quote		
Salvage received	YES NO	Panel beater		
Amount received	R			
Authorised	YES NO		Registration documents	Keys
			Bank letter	
Stolen	YES NO			
Premium paid	YES NO		Registration documents	Keys
			Bank letter	
Photographs received	YES NO	Values from		
Rejection letter completed	YES NO	Make		Year
		Model		
		Engine number		
		Chassis number		
Loss caused by				
Captured	Date	Cover	Sum insured	R
Other	Check NCB	Towing/Storage		
		Car hire		
Previous insurance	Retail	R	HP settlement	R
Finalised by	Date	Retail or market	Net claim	R