

INSURANCE.

TYRE COVER CLAIM FORM.

MINI Financial Services Administrator: Innovation FSP (PTY) Ltd
192 Bram Fischer Drive, Randburg Tel. 0860 100 269 E-mail. VAPS.MINI@MINIfinance.co.za

Policy Holder Details:

Initials:	Surname:
Identity number:	E-mail:
Cell:	Tel:
Postal address:	

Banking Details:

Bank:	Account no:	
Branch:	Branch code:	
Claim submitted to another insurer?	<input type="checkbox"/> Y <input type="checkbox"/> N	If yes, with whom?

Vehicle Details:

Make and model:	Year:	Gross vehicle mass:
Registration:	Chassis no:	Odometer reading:

What was the vehicle used for?

Any damage to the vehicle:	<input type="checkbox"/> Y <input type="checkbox"/> N
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Please attach a copy of the Dealer Tax invoice as at time of vehicle purchase.

Incident details:	Date of incident:
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Brief description:

Tyre description:	Tyre dealership name:
Damaged tyre manufacturer:	Tyre model:

Remaining tread	LF	mm	RF	mm	
	LR	mm	RR	mm	

Please mark with an X which tyre is damaged

Declaration:

We hereby confirm that the tyre presented for replacement was damaged due to cut, bruise, impact break or puncture and all details completed are true and accurate. We confirm that if the information provided herein, is found to be incorrect or untrue, this may result in a repudiation of the claim. We understand that the information contained in this form will be used by the BMW Group for Insurance claims and/or customer services related matters.

Dealer Name Dealer Signature Customer Signature Signed on DD / MM / YYYY

MINI FINANCIAL SERVICES.

