

# BMW Financial Services

Administrator: PinnAfrica



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## Insurance. Motorrad Care and Cosmetics claim form.

### Policy holder details:

Initials:	Surname:
ID no.:	E-mail:
Cell no.:	Tel. no.:
Postal address:	
Post code:	

### Bank details:

Bank:	Account no.:
Branch:	Branch code:

### Motorcycle details:

Make and model:	Year:	GVM:	Registration:	Chassis no.:

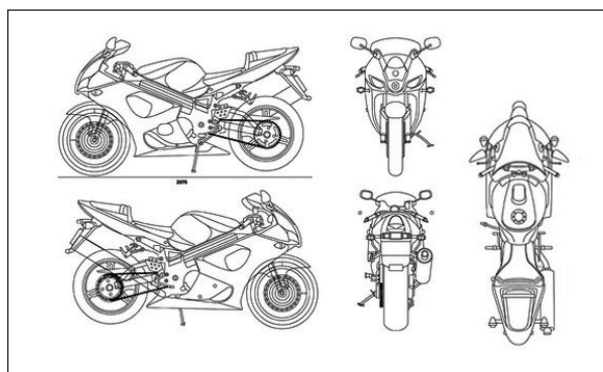
### Damage details:

Repairing dealer: \_\_\_\_\_

Please indicate with an X the benefit which you are claiming for:

Wheels:	Alloy rims:	Minor dent:	Light scratch:	Chips:
Clutch and brake lever:			Mirror, indicators and foot peg repair:	

Side	
Left	Right



You must, for all claims, provide us with clear photographs of the damaged area of the motorcycle at claim stage, with the exception of your first claim, where we will require photos of the full motorcycle, front, left side, right side and rear, taken at the Approved Repair Centre at claim stage.

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