



CERTIFICATE NO:

CREDIT SHORTFALL CLAIM FORM

Insured details:

Full name:	_____	ID number:	_____
Address:	_____		
Tel no	_____	Cell:	_____
Email:	_____	Fax:	_____

Claimant details

Full name:	_____		
Address:	_____		
Tel no:	_____	Cell:	_____
Email	_____	Fax:	_____
Relationship to insured:	_____	ID number:	_____

Finance detail:

Finance company	_____	Account number	_____
Vehicle Type	_____	Vehicle Registration	_____
Date vehicle financed	_____	Monthly repayment	_____

Detail:

Date of loss: _____ Type of loss: Write off or Theft

Name and contact detail of comprehensive insurance company:

Comprehensive insurance policy number _____

- The following documents must be submitted with this claim:

 1. Copy of ID
 2. Transaction history from finance company (from inception to date)
 3. Copy of agreement of loss from comprehensive insurance company
 4. Police report and case number
 5. Confirmation of bank details (if deposit claim)
 6. Credit agreement
 7. Underlying insurance claim form
 8. Dealer invoice

Declaration:

We hereby declare the foregoing particulars to be true in every respect,

_____ Signature of claimant	_____ Signed on DD/MM/YYYY	_____ Signature of insured	_____ Signed on DD/MM/YYYY
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(Please send this form to: Fax: 086 218 9202 or Email: claims@nttgroup.co.za or PO Box 35302, Menlopark, 0102)

Office use only

All Premiums paid at date of retrenchment Y N Comment: _____

Assesment of claim assigned to: _____