

BMW Financial Services

Administrator: PinnAfrica



Block A, 1st Floor, The Ambridge Office Park, 1 Vrede Avenue, Epsom Downs, Douglasdale, 2021
Tel. 0860 100 269
E-mail. VAPS.BMW@BMWfinance.co.za

Insurance. 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:

Vehicle details:

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

Damage details:

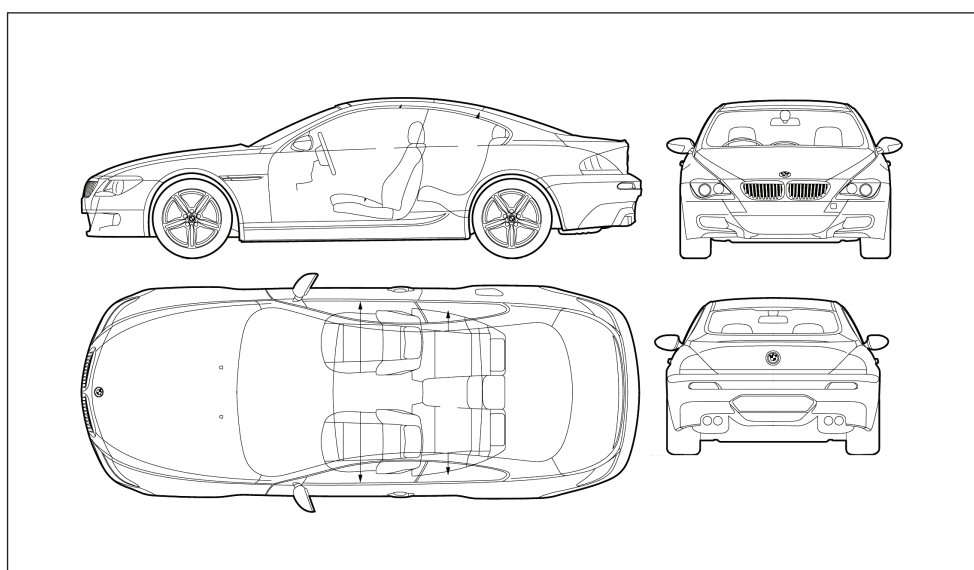
Repairing dealer:

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

Windscreen:	<input type="checkbox"/>	Rim:	<input type="checkbox"/>	Tar spots:	<input type="checkbox"/>	Scratches:	<input type="checkbox"/>	Dents:	<input type="checkbox"/>	Interior:	<input type="checkbox"/>
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Where your claim is for scratches or dents, please indicate the specific area below:

- Side
- Left
- Right



Where your claim is for interior damage, please indicate the specific area below:

Centre console	
Door handle	
Plastic door panel	
Plastic door kick panel	
Hand brake boot	
Centre armrest	
Head rest	
Front seat backboard and pocket	
Interior boot carpet	
Seat panel	
Seat stitching	
Steering wheel	
Rubber carpet inserts	
Sun visor	
Gear lever	

You must, for all claims, provide us with clear photographs of the damaged area of the vehicle at claim stage with the exception of your first claim, where we will require photos of the full vehicle, 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