

# BMW Financial Services

Administrator: PinnAfrica



Block A, 1st Floor, The Ambridge Office Park, 1 Vrede Avenue, Epsom Downs, Douglasdale, 2021  
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## TOP-UP PLUS.

### Insured / Policyholder details

|                      |  |  |  |  |  |  |  |  |  |                |  |  |  |  |  |  |  |  |  |
|----------------------|--|--|--|--|--|--|--|--|--|----------------|--|--|--|--|--|--|--|--|--|
| Full name:           |  |  |  |  |  |  |  |  |  | Company name:  |  |  |  |  |  |  |  |  |  |
| ID no.:              |  |  |  |  |  |  |  |  |  | Policy no.:    |  |  |  |  |  |  |  |  |  |
| Residential address: |  |  |  |  |  |  |  |  |  |                |  |  |  |  |  |  |  |  |  |
|                      |  |  |  |  |  |  |  |  |  |                |  |  |  |  |  |  |  |  |  |
| Postal address:      |  |  |  |  |  |  |  |  |  |                |  |  |  |  |  |  |  |  |  |
|                      |  |  |  |  |  |  |  |  |  |                |  |  |  |  |  |  |  |  |  |
| Home tel. no.:       |  |  |  |  |  |  |  |  |  | Work tel. no.: |  |  |  |  |  |  |  |  |  |
| Fax no.:             |  |  |  |  |  |  |  |  |  | Cell no.:      |  |  |  |  |  |  |  |  |  |
| E-mail address:      |  |  |  |  |  |  |  |  |  |                |  |  |  |  |  |  |  |  |  |

### Insured / Policyholder Bank Account Information

|                                   |  |  |  |  |  |  |  |  |  |                       |  |  |  |  |  |  |  |  |  |
|-----------------------------------|--|--|--|--|--|--|--|--|--|-----------------------|--|--|--|--|--|--|--|--|--|
| Name of account holder:           |  |  |  |  |  |  |  |  |  | Bank name:            |  |  |  |  |  |  |  |  |  |
| Bank branch name and branch code: |  |  |  |  |  |  |  |  |  |                       |  |  |  |  |  |  |  |  |  |
| Bank account no.:                 |  |  |  |  |  |  |  |  |  | Type of bank account: |  |  |  |  |  |  |  |  |  |

### Finance House (Credit Grantor) Information

|                     |  |  |  |  |  |  |  |  |  |                              |  |  |  |  |  |  |  |  |  |
|---------------------|--|--|--|--|--|--|--|--|--|------------------------------|--|--|--|--|--|--|--|--|--|
| Finance house name: |  |  |  |  |  |  |  |  |  | Account no. / reference no.: |  |  |  |  |  |  |  |  |  |
| Contact person:     |  |  |  |  |  |  |  |  |  | Telephone no.:               |  |  |  |  |  |  |  |  |  |
| Fax no.:            |  |  |  |  |  |  |  |  |  | Start date of contract:      |  |  |  |  |  |  |  |  |  |

### Motor Dealer / Vehicle Purchase Information

|                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Dealer name            |  |  |  |  |  |  |  |  |  | Telephone no.:                               |  |  |  |  |  |  |  |  |  |
| Fax. no.:              |  |  |  |  |  |  |  |  |  | Start date of contract:                      |  |  |  |  |  |  |  |  |  |
| Deposit paid: <b>R</b> |  |  |  |  |  |  |  |  |  | Optional extras / accessories - please list: |  |  |  |  |  |  |  |  |  |

### Comprehensive Insurance Company Information

|                           |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |
|---------------------------|--|--|--|--|--|--|--|--|--|-----------------|--|--|--|--|--|--|--|--|--|
| Insurance Company name:   |  |  |  |  |  |  |  |  |  | Policy no.:     |  |  |  |  |  |  |  |  |  |
| Agent dealing with claim: |  |  |  |  |  |  |  |  |  | E-mail address: |  |  |  |  |  |  |  |  |  |
| Telephone no.:            |  |  |  |  |  |  |  |  |  | Fax no.:        |  |  |  |  |  |  |  |  |  |

## Loss (Accident / Theft / Hijack) details

Vehicle details (make, model, year of manufacture)

Kilometre reading of vehicle on date of loss:

Reason for loss (i.e. theft / hijack / accident):

Auto Dealers code:

Date of loss:

Underlying Insurer claim no.:

Excess amount payable: **R**

Other deductions amount: **R**

Date of payment to finance house (see notes 7, 8 & 9 below if not paid):

Please attach the relevant documentation to process claim (and tick the checklist below once you have it):

|    |  |
|----|--|
| 1. | A copy of the instalment sale agreement (finance deal signed)  |
| 2. | Finance house bank account details   |
| 3. | Payment history printout from the finance institution - from date of purchase to date, showing payments made, account balances and arrears               |
| 4. | A copy of the original tax purchase invoice for the vehicle on claim   |
| 5. | A copy of the signed agreement of loss   |
| 6. | Other – in the event of substitution of vehicle, addendum to the finance agreement agreeing to the substitution and the new vehicle tax purchase invoice |
| 7. | In the event that the claim has been rejected by underlying Comprehensive Insurer, please attach copy of the letter of rejection.                        |
| 8. | Copy of underlying / Comprehensive Motor Policy schedule and schedule of excess / first amount payable relating to vehicle on claim                      |
| 9. | Confirmation from ombudsman that claim rejection is being attended to  |

## Special note: Violation / Supplementary cover claims

Violation / Supplementary Cover is where a claim has been rejected by the underlying / Comprehensive Insurer. The matter must be referred to the office of the ombudsman by the insured / policyholder for determination as to whether the claim rejection by the underlying / Comprehensive Insurer is fair and equitable.

## Declaration and Authority

I declare that the statements that I have made are true. I agree that if they are found to be untrue, I lose all my rights under the policy. I authorise PinnAfrica underwriting managers and any of its representatives to make any enquiries and obtain any information they consider relevant from me, my motor insurer, motor dealer or elsewhere. I fully understand that it is my responsibility to give all necessary information to the Tax Authorities and to meet any tax demands I may have from my claim being paid.

Signature of Insured / Legal Representative

Signed on DD / MM / YYYY