



**EKURHULENI
METROPOLITAN
MUNICIPALITY**

WITHOUT PREJUDICE OF RIGHTS

PLEASE COMPLETE AND RETURN TO:

**EKURHULENI METROPOLITAN MUNICIPALITY
INSURANCE AND RISK SECTION**

FOR ATTENTION: Simon Zgambo

CONTACT NUMBER: 011 – 999 6541

E – MAIL ADDRESS: Simon.Zgambo@Ekurhuleni.gov.za

Please complete the attached claim form and return to me as indicated above. The following documents must accompany your claim:

- A clear copy of your ID document
- A clear copy of your drivers license if the owner and driver of the vehicle is the same person
- A clear copy of the drivers license of the driver of the vehicle if not the same as the owner of the vehicle
- The registration details of the vehicle
- If the driver is not the owner of the vehicle the owner must give a written declaration stating that the driver used the vehicle with his / her consent
- If the vehicle is insured a letter from the insurance company stating that the damage was not claimed from them
- If the vehicle is not insured a affidavit stating that there is no insurance cover on the vehicle being claimed for
- Three written quotations for the repair of the vehicle

The following information will assist in assessing the merits of the claim:

- Photo's of the actual damage
- Photo's of the actual pothole
- A sketch of the actual location of the pothole with street names or landmarks in close proximity

Please note that each claim is assessed on its own merits and acceptance of the claim information does not imply automatic acceptance of liability or commitment to the settlement of the claim!



PUBLIC LIABILITY CLAIM FORM	
DETAILS OF THE OWNER OF THE VEHICLE	
Name and surname	
I D Number	
Tel Home	
Tel Work	
Tel Cell	
Fax No	
E Mail Address	
Postal Address	
Physical Address	
DETAILS OF THE DRIVER OF THE VEHICLE IF DIFFERENT FROM THE OWNER	
Name and surname	
I D Number	
Tel Home	
Tel Work	
Tel Cell	
Fax No	
E Mail Address	
Postal Address	
Physical Address	
VEHICLE DETAILS	
Model	
Type	
Registration Number	
SAPS INFORMATION (ONLY IF REPORTED TO SAPS)	
Police Station and Tel No	
SAPS Case Ref No	
Date Reported	
INSURANCE DETAILS (IF VEHICLE IS INSURED)	
Insurance Company	
Policy Number	
Contact Details / Person	



