



Customer Authorization – Claim Handling

This completed form provides authorization to act on behalf of the owner/registrant in the following instances:

Date (dd/mm/yyyy):

Authorization for Claim # (enter claim number):

I, (owner or registrant) _____ ,
give (name of person) _____ ,
authorization to:

Handle the claim on my behalf.

Discuss and settle the total loss.

Remove my vehicle from the storage compound (rural or urban).

Remove my personal belongings from the vehicle.

Other (provide explanation:

Owner/Registrant Signature: