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| Insured Name: | |
| Insured Policy Number: | |
| Vehicle Registration number: | |
| Vehicle Make & Model: | |
| Date of mechanical breakdown: | |
| Date of Request for assistance with tow: | |
| What cause the mechanical breakdown: | |
| | |
| Quotation Amount: | |
| Authorised Arrow Suppliers Name: | |
| | |
| To be completed by Arrow Underwriting Managers (Pty) Ltd and returned to supplier if Authorised: | |
| Authorised By: | |
| Authorised Amount: | |
| Excess Payable by insured: | |
| Amount payable by Arrow: | |
| Claim Number: | |
| To be completed by the Insured and returned to Arrow Underwriting Managers (Pty) Ltd together with the suppliers invoice and job card for payment. | |
| In the event of a mechanical tow the 24 Hour Call centre always needs to be called on 0860 222 260. | |
| Signed by or for and on behalf of the Insured: | |
| Date: | |