

## REPAIRER OF CHOICE

## DISCLAIMER

## REPAIRER OF OWN CHOICE

between

THE HOLLARD INSURANCE COMPANY LIMITED

("Hollard")

and

\_\_\_\_\_  
[FULL NAME OF INSURED]\_\_\_\_\_  
[INSURED'S IDENTITY NUMBER]  
("the Insured as owner")

I, the Insured, as owner of the insured vehicle and the undersigned, declare as follows:

I have read the declaration and I am familiar with the contents thereof. I furthermore confirm that I have signed the declaration of my own free will and I regard it as binding on my conscience.

1. I lodged a claim for indemnity in terms of policy number \_\_\_\_\_ for a loss suffered in respect of the motor vehicle, \_\_\_\_\_ (INSERT MAKE, MODEL AND REGISTRATION NUMBER), ("the insured vehicle") which was damaged/stolen and recovered on \_\_\_\_\_ (INSERT DATE) and whereas the parties hereto have agreed to a settlement with regards to the claim subject to the terms and conditions set out hereunder.
2. I agree that I am liable for the first amount payable ("the excess") of R \_\_\_\_\_ ( \_\_\_\_\_ INSERT AMOUNT IN WORDS) and that this amount will be deducted from the settlement as provided herein.
3. The settlement as provided for herein is in full and final settlement of the claim in terms of the policy number referred to in clause 1.
4. I acknowledge the agreement between *Hollard* and myself and the election made by myself to use a repairer of my own choice.
5. I undertake to have the vehicle as described in clause 1 above, repaired in accordance with my obligations in terms of my finance/ lease agreement.
6. I agree that, in terms of this agreement, all repair work done on my vehicle and by a repairer of my choice, will be done at my own risk and that I will have no further claim whatsoever regarding the repairs against *Hollard* and that all damages that may occur due to the use of a repairer of my choice will be for my own account.
7. If any loss occurs prior to *Hollard* indemnifying me in terms of this agreement, *Hollard* will not be liable for payment of this agreement and the Insured will be required to notify *Hollard* of the loss and to submit a new claim.
8. I agree to render all reasonable assistance in the recovery of amounts paid by *Hollard* in respect of the insured vehicle from any third parties.
9. I also agree to have the vehicle assessed on completion of the repairs at *Hollard's* expense. Failure to comply may result in the total suspension of cover relating to the vehicle.

Signed at \_\_\_\_\_ on the \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

\_\_\_\_\_  
INSURED'S SIGNATURE as owner\_\_\_\_\_  
WITNESS'S SIGNATURE\_\_\_\_\_  
INSURED'S NAME IN FULL\_\_\_\_\_  
WITNESS'S NAME IN FULL