

CLAIM NUMBER: *To be completed by broker*

MOTOR GLASS CLAIM FORM

POLICY NUMBER: _____

INSURANCE BROKER: _____

HAS THERE BEEN A PREVIOUS WINDSCREEN CLAIM? Yes | No

Insured

Company name or surname and initials (*Enter the Full name of the Insured Below*):

Company registration number: _____

Identity number: _____

Occupation or business: _____

Physical address: _____

Postal address: _____

Telephone numbers:

Business: _____ Cell: _____

Home: _____ Fax: _____

Vehicle

Make: _____ Model: _____

Year: _____ Colour: _____

Registration No.: _____

Vin No.: _____

Vehicle identification marks

Driver at the time of the accident

Name and Surname: _____

Identity No.: _____

Address: _____

(Day) telephone No.: _____

The Breakage

Date: _____

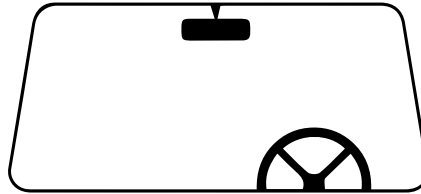
Place: _____

How was the glass damaged?: _____

Type of glass: _____

Glass type description: _____

Indicate damage on the diagram



Rain Sensor? Yes | No

Type of damage



Half Moon



Bullseye



Combination



Star

Declaration

I solemnly declare that I have suffered loss of or damage to the property enumerated above and on the reverse hereof and that the said property was in my possession immediately prior or during the said loss/damage which occurred in the circumstances described above. I confirm that all the questions were completed honestly and fully by me. I understand that the accuracy and effectiveness of this Claim Form is dependent on the quality and accuracy of the information I provide.

Insured's Signature: _____ Capacity: _____ Date: _____