



GLASS CLAIM FORM

BROKER/ AGENT		POLICY NO				
INSURED						
TELEPHONE NO		CELL NO				
PHYSICAL ADDRESS						
DATE AND TIME OF BREAKAGE						
CAUSE OF BREAKAGE						
ADDRESS WHERE BREAKAGE OCCURRED						
VEHICLE REGISTRATION						
YEAR, MAKE AND MODEL OF VEHICLE						
VIN/ CHASSIS NO						
WINDSCREEN	TINTED	YES	NO	CLEAR	YES	NO
	SHATTERPROOF	YES	NO	ARMOUT PLATE	YES	NO
	RAIN CENSOR FITTED?	YES	NO			
DRIVER NAME						
LICENCE NO & DATE OF ISSUE						
IS THERE ANY OTHER INSURANCE COVERING THE DAMAGED OR BROKER GLASS?					YES	NO
IF YES, GIVE NAME OF OTHER INSURER?						
WHEN LAST WAS THE WINSCREEN REPLACED?						
ATTACHED QUOTATION					YES	NO

I, WE SOLEMNLY DECLARE THAT THE ABOVE PARTICULARS ARE TRUE IN EVERY RESPECT

SIGNATURE : _____

CAPACITY : _____

DATE : _____

