

VEHICLE GLASS CLAIM FORM

This form is sent whenever a loss is intimated. It must be completed and returned within 10 days of receipt.
All questions must be answered fully. Dashes are not sufficient. Please use BLOCK LETTERS
(Where questions require a "Yes" or "No" answer, tick the appropriate box)

Issued by
From (office)
Date issued

Policy Number

* **THE PREMIUM**

Paid to :

Date:

1 THE INSURED (as in policy)

Full Names (Mr./Mrs./Miss)

Surname/Family Name

1.1 Present occupation and position

1.2 Full residential address

E-mail

1.3 Full Business Address

1.4 P O Box/Telephone Numbers

P O Box Number:

Business Telephone number:

Home Telephone number:

2 THE INSURED RISK

2.1 Make of Vehicle/ Model/ Year

Registration Number:

2.2 Vehicle details

Engine Number:

Chassis Number:

2.3 Market Value of vehicle

2.3 In whose name is the vehicle registered?

3 THE BREAKAGE

3.1 Type of damage, state whether cracked, chipped or shattered

3.2 Date and time of damage

3.3 Place of damage

3.4 Cause of damage

3.5 State which glass on the vehicle was damaged.

3.6 If the windscreen was damaged, was it **PLAIN** or **TINTED**?

4 DECLARATION

I hereby declare as the named Insured/Authorised representative of the named Insured _____ that the property enumerated in the 'Statement of Claim' overleaf and insured under the said Policy, was, to the best of my/our Knowledge and belief stolen/lost/damaged/destroyed in the manner described above. I/we further declare that all the foregoing particulars are true and correct and I/we undertake to render to the Insurance Company every assistance in my/our power in dealing with this matter.

DATE: _____ SIGNATURE OF POLICYHOLDER _____