# MOTOR GLASS
## CLAIM FORM

BRANCH NO. ..... POLICY NO. ..... CERTIFICATE NO. ..... CLAIM NO. .....

**INFORMATION TO BE SUPPLIED BY THE INSURED (Please answer questions fully)**

**THE INSURED**

Name ..... Age ..... Identity No. .....

Address .....

..... Postal Code .....

Occupation or business ..... Telephone No. Home ..... Business .....

**THE VEHICLE**

Make ..... Registration number ..... Year of manufacture .....

**THE DRIVER AT TIME OF ACCIDENT** Vehicle identification marks .....

Name ..... Age .....

Address ..... Postal Code .....

Telephone Number: Business ..... Home ..... Occupation .....

**THE BREAKAGE**

Date ..... Place .....

How was glass damaged? .....

.....

Have instructions for replacement been given? ..... Name of repairer .....

**INDICATE TYPE OF DAMAGE**

| | | | |
|---|---|---|---|
| **Type of glass:** | Windscreen | Side Window | Clear |
| | Chip Repair | Total Loss | Tinted |

**DECLARATION**

We warrant the truth of the answers to the above questions and I/we declare that no information has been withheld and that the amount claimed for presents my/our loss arising from the above stated occurrence.

SIGNED AT ..... ON .....

SIGNATURE OF INSURED .....

**THE ISSUE OF THIS FORM IS NOT AN ADMISSION OF LIABILITY AND THE INSURED'S ATTENTION IS DRAWN TO THE POLICY CONDITIONS WHICH STIPULATE THAT NO ADMISSION, OFFER, PROMIS. PAYMENT OR NEGOTIATION SHALL BE MADE WITHOUT THE WRITTEN CONSENT OF THE COMPANY.**

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