



### MOTOR / FLAT GLASS CLAIM FORM

This form is intended for Glass type claims.  
 The Insurer reserves the right to request completion of their prescribed claim form if deemed necessary.

(TO BE COMPLETED AND SIGNED BY CLAIMANT)						
The issue of this form is not an acknowledgement of any liability by the Insurance Company						
<b>DETAILS OF THE INSURED ("YOU") &amp; INSURER REFERENCE</b>						
INSURED	_____					
POSTAL ADDRESS	TELEPHONE	OFFICE:	FAX:			
_____	_____	_____	_____			
		HOME:				
		_____				
		CELL:				
		_____				
OCCUPATION	E-MAIL	_____				
_____	_____	_____				
INSURER	POLICY NO	_____				
_____	_____	_____				
<b>PARTICULARS OF CLAIM</b>						
WHEN DID THE LOSS OCCUR?	DATE:	_____	TIME: _____			
WHAT WAS THE CAUSE OF THE BREAKAGE?	_____					
NAME AND ADDRESS OF PERSON RESPONSIBLE FOR THE LOSS? _____						
IS THERE ANY OTHER INSURANCE COVERING THE GLASS	<input type="checkbox"/> YES	<input type="checkbox"/> NO	IF YES, STATE COMPANY NAME _____			
<b>PARTICULARS OF PREMISES IF APPLICABLE</b>						
ADDRESS OF PREMISES WHERE BREAKAGE OCCURRED _____						
WERE THE PREMISES OCCUPIED? _____						
IF YES, BY WHOM AND FOR WHAT PURPOSE? _____						
<b>PARTICULARS OF VEHICLE IF APPLICABLE</b>						
MAKE AND MODEL	_____	REGISTRATION NUMBER	_____			
DRIVER NAME	_____	DRIVERS LICENCE NUMBER	_____			
<b>DECLARATION</b>						
I/WE WARRANT AND DECLARE THAT THE PARTICULARS GIVEN ABOVE ARE TRUE IN EVERY RESPECT AND THAT I/WE HAVE NOT WITHHELD ANY INFORMATION WHATSOEVER IN CONNECTION WITH THE CLAIM						
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">SIGNATURE: Insured / Broker / Sub-agent</td> <td style="width: 20%; border: none;">DATE</td> <td style="width: 30%; border: none;">TIME</td> </tr> </table>				SIGNATURE: Insured / Broker / Sub-agent	DATE	TIME
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**IMPORTANT CLAIMS ASPECTS OF WHICH YOU SHOULD TAKE NOTE**

**ATTACHMENTS**

In respect of Motor Glass Claims when the vehicle was driven at the time of the breakage, please enclose a copy of the driver's driving licence and ID/passport.

**EXCESS**

You are liable for payment of the excess, IRRESPECTIVE WHETHER OR NOT YOU ARE TO BLAME for the event. Make sure what the excess is AND how the claim will affect your premium before you submit a claim. Small losses are often not worth claiming for.

**QUOTATIONS**

DO NOT supply quotations from repairers or contractors whom you are not willing to deal with. DO NOT take it for granted that your Insurer will make use of the cheapest quotations.

**PAPERWORK**

Please ensure that you submit your claim with accurate and complete details, which are truthful in all respects. This will contribute towards speedy settlement of your claim and effective recovery procedure against third parties where relevant. Remember that your claim will not be processed until all required documentation have been provided and received!

**EMERGENCY REPAIRS**

You may prejudice your rights in terms of your policy if repairs, other than emergency repairs, are performed without the consent and approval of the insurance company.