

MOTOR VEHICLE WINDSCREEN /GLASS

CLAIM FORM

INSURED

Name of Insured / Business Name	
Policy Number	
Contact Person	
Contact Phone Number	
Contact Email Address	
VAT Number	

INCIDENT

Date of Loss / Incident	
Cause of breakage	

Cracked?

☐	Yes	☐	No
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Shattered?

☐	Yes	☐	No
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Use Of Vehicle At Time Of Loss	
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VEHICLE DETAILS

Make	
Model	
Year	
Chassis / Vin Number	
Engine Number	
Registration Number	
Attach Photo of License Disc	
Is the Vehicle under Warranty?	☐ Yes ☐ No

DECLARATION

I/ we declare that to the best of my / our knowledge the above statements are true. I acknowledge that the information set out above is provided freely so that the Insurance Company may process my claim and give effect to the terms and conditions contained in the policy wording. I herewith give my consent that the Insurance Company may use this information, my personal information on record and additional information obtained from other sources in order to determine whether to accept or reject my claim and take all necessary steps ancillary thereto to give effect hereto.

I understand that I may be liable for output VAT in term of section 8(8) of the VAT Act 89 of 1991.

Insured's Signature	Date
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