



# MOTOR – WINDSCREEN & GLASS CLAIM FORM

## INSURED

Name of Insured: <input type="text"/>		
Physical Address: <input type="text"/> <input type="text"/> <input type="text"/> Code <input type="text"/>	Postal Address: <input type="text"/> <input type="text"/> <input type="text"/> Code <input type="text"/>	
Policy No: <input type="text"/>	Contact Person: <input type="text"/>	
Vat No: <input type="text"/>	Cell No: <input type="text"/>	Business Ph No: <input type="text"/>

## VEHICLE DETAILS

Make: <input type="text"/>	Model: <input type="text"/>
Year: <input type="text"/>	Registration Number: <input type="text"/>

## DETAILS OF LOSS

Date of Loss: <input type="text"/>	Time of Loss: <input type="text"/>
Description of Loss: <input type="text"/>	
Is the damage repairable?: Yes <input type="checkbox"/> No <input type="checkbox"/>	

## POLICY HOLDER BANK DETAILS

Name of Bank: <input type="text"/>	Account Holder: <input type="text"/>	
Bank Code: <input type="text"/>	Account No: <input type="text"/>	Type of Account: <input type="text"/>
Signature of Account Holder: <input type="text"/>	Date: <input type="text"/> / <input type="text"/> / <input type="text"/>	

## INSURED DECLARATION AND SIGNATURE

I / We warrant the truth of the answers to the above questions and I / We declare that no information has been withheld and / or that any misrepresentation has been made and that the amount claimed represents my / our loss arising from the above stated occurrence.

Signature of Insured: <input type="text"/>	Date: <input type="text"/> / <input type="text"/> / <input type="text"/>
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