

## MOTOR GLASS CLAIM FORM

### Broker details

Broker name	Policy number: Jhb
Claim number: Jhb	Certificate number

### Insured/driver details

Full name and surname	ID
Licence details	
Company name	Occupation or business
Company registration number	VAT number
Address and code	
Postal and code	
Work tel	Fax
Home tel	Cell
Email	

### Breakage details

Date of breakage	How was the glass damaged?
Type of glass	Place of breakage
Name of repairer	The estimated costs of the damage <b>R</b>
Name of person responsible for the breakage	
Address of person responsible for the breakage	
Name of witness	
Address of witness	

## Driver

Full name and surname	ID	
Occupation	VAT number	
Address and code		
Driver licence		
Number	Full/Learner	
Place	Code	Date
Work tel	Fax	
Home tel	Cell	
Email of driver		

## Vehicle details

Make	Year	Model
Registration number	Windscreen type	
Vehicle ID	Chassis number	Engine number
Registered owner name and surname	ID	

## Declaration

I/We warrant the truth of the answers to the above questions and I/we declare that no information has been withheld.		
Signed at	Date	
Signature of the driver	Date	
Signature of insured	Capacity	Date