

MOTOR GLASS CLAIM FORM

Agency Policy No. Claim No.

Name of Insured Occupation

Address e-mail.....

Telephone No: Bus..... Home Cell

PARTICULARS OF DRIVER

Name of driver at time of occurrence Date of Birth

Address of driver

 Is driver (a) owner (b) owner's employee or (c) owner's relative or friend? (Tick as appropriate)

Has driver a full driving licence? Licence No. Date of Issue

When and where was driver first licensed to drive?

Has driver ever been convicted of a driving offence? If so, give brief details and dates

PARTICULARS OF INSURED VEHICLE

Registration Number	Make of Vehicle	Type of Body (Sedan, Lorry, etc)	Year of Make	Horse Power or c.c.	For what exact purpose was vehicle being used? (full information)

PARTICULARS OF DAMAGE

Date of occurrence Time Place

Cause of breakage

Was there any other damage to the vehicle? If yes, please give details

Was the windscreen or glass in the car clear, tinted or shaded?

Was it already damaged? If so, give details

Place where damaged vehicle can be seen

Have you given instructions for a replacement to be fitted? Estimated Cost \$

(Insured is responsible for the payment of any excess)

I/We declare that, to the best of my/our knowledge and belief, these statements are true.

Date Signature of Insured