



MOTOR GLASS CLAIM FORM

INSURED DETAILS	<i>Name and occupation</i>		
	<i>ID No</i>		
	<i>Address</i>		
	<i>Day time Tel No</i>		
VEHICLE	<i>Year, make & model of vehicle</i>		
	<i>Registration Number</i>	<i>Engine Number</i>	
	<i>VIN Number</i>		
	<i>In whose name is the vehicle registered?</i>		
ACCIDENT & DAMAGE DETAILS	<i>Date and place of breakage</i>	<i>Date</i>	<i>Place</i>
	<i>Cause of breakage</i>		
	<i>Description of breakage</i>		
	<i>Name and Tel No of repairer</i>		
	<i>Estimate of repair costs</i>		
	<i>Where can vehicle be inspected</i>		
DECLARATION	<p>I / We declare that to the best of my / our knowledge the above statements are truly made.</p> <p>Insured's Signature Date / /</p>		