Southsure
BROKERS

MOTOR GLASS CLAIM FORM

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