



Santova House 88 Mahatma Gandhi Road Durban 4001
 P O Box 6148 Durban 4000
 TEL: 031 374 7200 FAX: 031 374 7201
 FSP License No. 6018

MOTOR GLASS CLAIM FORM			
Insured	Policy Number		
	Name		
	Identity No.		
	Occupation		
	Address / Tel		
	Contact person		
Vehicle	Make	Model	Year
	VIN no		Engine no
	In whose name is the vehicle registered?		
Occurrence	Date	Time	Place
	Cause of breakage		
	Name & Address of person responsible for breakage		
	Witness details		
Details of Broken Glass	Type of Glass		Shade
	Windscreen <input type="checkbox"/>	Back Windows <input type="checkbox"/>	Side Window <input type="checkbox"/> Clear <input type="checkbox"/> Tinted <input type="checkbox"/>
	Type of Damage	Star Break	Totally Destroyed
Declaration	Is there any other insurance covering this loss / damage? If so, give details of Insurer.		
	I / We hereby declare the foregoing particulars to be true in every respect and that no information has been withheld.		
Signature of Insured _____ Capacity _____ Date _____			