



Cross Country Insurance Consultants (Pty) Ltd Underwritten by Renasa Insurance Company Limited Cross Country is an Authorised Financial Services Provider 39547 Registration Number: 2008/013847/07 | VAT Number: 4020252203

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## **MOTOR GLASS CLAIM FORM**

(Delete sections not applicable

Insured							
Policy No	Claim No						
1. The Insured							
Name						Age	
Address						Code	
Telephone number (Buisness)		Hou	se		Cell	000.0	
2. The Vehicle		,					
Make				Model			
Year				Reg Number			
VIN number							
	Acadamb						
3. The Driver at the time of	Accident					Ago	
Name Address						Age Code	
Telephone number (Buisness)		Hou	se l		Cell	Code	
		1100			0011		
4. The Breakage							
Date		Plac	е				
How was glass damaged?							
Type of Class	Windsoroon	do Mind	Clogr	Tintod			
Type of Glass							
5. Indicate type of Damag	e						
		6			- Manye, s.	*	
		)(	0	. 0	e' ´,		Totally Damaged
Anthritis				,	WILLIAM TO THE WAY		
	I						
Client Signature				Date			