

MOTOR GLASS CLAIM FORM
(Delete sections not applicable)

Insured

Policy No	Claim No
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1. The Insured

Name	Age	
Address	Code	
Telephone number (Buisness)	House	Cell

2. The Vehicle

Make	Model
Year	Reg Number
VIN number	



3. The Driver at the time of Accident

Name	Age	
Address	Code	
Telephone number (Buisness)	House	Cell

4. The Breakage

Date	Place
How was glass damaged?	
Type of Glass	<input type="checkbox"/> Windscreen <input type="checkbox"/> Side Window <input type="checkbox"/> Clear <input type="checkbox"/> Tinted

5. Indicate type of Damage

				Totally Damaged
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Client Signature

Date