

MOTOR GLASS CLAIM FORM

(Delete sections not applicable)

Insured

Policy No		Broker's Claim No	
-----------	--	-------------------	--

1. The Insured

Name		Age	
Address		Code	
Telephone number		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		House	Cell

4. The Breakage

Date		Place	
How was glass damaged?			
Type of Glass	☐ Windscreen ☐ Side Window ☐ Clear ☐ Tinted		

5. Indicate type of Damage

				Totally Damaged
---	---	---	---	-----------------

Declaration by Policyholder

It remains your responsibility as the policyholder to carefully read, review, and verify all information contain in this claim form before signing it.

Insured's Signature

Date