



MOTOR GLASS CLAIM FORM

	POLICY NO.	
BROKER		

INSURED

Name			
Tel No		Cell No	

DETAILS

Date of loss:	
Location of vehicle:	
Description of loss:	

VEHICLE

Reg Number		Year	
Make		Model	
Vin No.			

What glass is required?

Is repair or replacement required?	
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DECLARATION

I/we declare that to the best of my/our knowledge the above statements are truly made

Signature of Insured _____

Capacity _____ Date _____