





# MOTOR GLASS CLAIM FORM

## MOTOR GLASEISVORM

Insurer						Versekeraar		
Policy number						Polisnommer		
<b>Inligting wat deur die versekerde verstrek moet word (beantwoord vrae volledig asseblief)</b> <b>Information to be supplied by the insured (please answer questions fully)</b>								
Insured	Name / naam:					Age / ouderdom:		Versekerde
	Address / adres:					Postcode / poskode		
	Tel. No.					Tel. Nmr		
	Business					Besigheid		
	Home					Huis		
	Occupation					Beroep		
The vehicle	Make					Fabriek	Die voertuig	
	Registration number					Registrasienumer		
	Year of manufacture					Jaar van vervaardiging		
The driver at time of accident	Name / naam:					Age / ouderdom:		Die bestuurder tydens die ongeluk
	Address / adres:					Postcode / poskode		
	Telephone no					Telefoonnr		
	Business					Besigheid		
	Home					Huis		
	Occupation					Beroep		
The breakage	Date / datum					Place / plek		Die breekstade
	How was the glass damaged?					Hoe is die glas beskadig?		
	Have instructions for replacement been given?					Is opdrag vir vervanging gegee?		
	Name of repairer					Naam van hesteller		
Indicate type of damage: dui tipe skade aan:	Type of glass / tipe glas::	Windscreen windskeerm	Side widow / spyglas	Clear helder	Tinted gekleur			
	Accident information / ongeluk informasie	Combination kombinasie	Star break steurbrek	Bullseye oog	Half bullseye halwe oog			
								

**Declaration:** I declare that to the best of my knowledge and belief the foregoing particulars are true, correct and a complete disclosure of the circumstances relating to the claim, and I undertake to render to the company every assistance in my power in dealing with the matter. I also declare that there is no other insurance under which a claim can be made and that the said vehicle or other property is my sole property.

**Verklaring:** Ek verklaar dat na my beste wete die bostaande besonderhede waar en juis is en 'n vollegie blootlegging is van die omstandighede van die eis en ek onderneem om die maatskappy al die hulp in my vermoë met die hantering van die eis te verleen. Ek verklaar ook dat geen ander versekering ingevolgt waarvan 'n eis ingestel kan word bestaan nie, en dat ek die enigste eienaar van die gemelde voertuig of ander eiendom is.

Signature of the Insured / Handtekening van Versekerde \_\_\_\_\_ Date / Datum \_\_\_\_\_



### INSURANCE BROKERS

**AFGRI Insurance Brokers (Pty) Ltd**  
 is an Authorised Financial Services Provider,  
 FSP No. 1435. Member of FIA.  
 V.A.T. No. 491012770



**Directors:** RJ Simmonds, O van der Fort, TJ Potgieter  
**Company Secretary:** L Fourie **Company Reg No:** 2004/005030/07

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