

**MOTOR GLASS CLAIM FORM**  
(Delete sections not applicable)

**Insured**

|           |  |          |  |
|-----------|--|----------|--|
| Policy No |  | Claim No |  |
|-----------|--|----------|--|

**1. The Insured**

|                             |  |       |  |      |  |
|-----------------------------|--|-------|--|------|--|
| Name                        |  |       |  | Age  |  |
| Address                     |  |       |  | Code |  |
| Telephone number (Buisness) |  | House |  | Cell |  |

**2. The Vehicle**

|                              |  |            |  |
|------------------------------|--|------------|--|
| Make                         |  | Model      |  |
| Year                         |  | Reg Number |  |
| Vehicle identification marks |  |            |  |

**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 |
|---|---|---|---|-----------------|

Client Signature

Date