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# the brokerage

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Reg No: 2001/005643/07

## MOTOR VEHICLE GLASS CLAIM FORM

Insurer			
Insurance Company Name			
Policy Number			
Insured			
Surname & Initials or Company Name			
Identity Number or Business Registration Number			
Home Telephone		Facsimile	
Work Telephone		Cellular Number	
Email Address			
Physical Address			
Contact Information to arrange fitment	Name		Contact Number
Vehicle Details			
Make, Model & Year			
Registration Number			
Engine Number			
VIN Number			
Damage			
Date of Loss			
Cause of Loss			
I/We declare the foregoing particulars to be true in every respect			
_____		_____	
Insured's Signature		Date	
For Office Use			
Completed By			
Date			
Claim Number			
Excess			