

GLASS CLAIM FORM

POLICY NUMBER: _____ **CLAIM NUMBER:** _____

INSURED

Name & ID No./Reg No: _____
 Address: _____
 Occupation: _____
 Contact No. & Email address: _____

DRIVER

Name & ID No.: _____
 Contact No.: _____

VEHICLE

Make & Model: _____
 Year: _____
 Registration number: _____
 VIN number: _____
 Purpose for which vehicle was being used: _____

ACCIDENT

Date of Loss: _____
 Place of Loss: _____
 Description of glass: _____
 Cause of damage: _____
 Damage - Smashed/Cracked/Chipped: _____
 Repairers Name: _____
 Estimate: _____

DECLARATION;

I/We acknowledge the sharing of claims information by insurers is essential to enable the insurance industry to underwrite policies and assess risks fairly and to reduce the incidence of fraudulent claims. In the public interest and with a view to limiting premiums, I/we hereby waive any right to privacy in any insurance or claims information supplied by me or on my behalf in respect of any insurance application or claim made or lodged by me/us and I/we consent to such information being disclosed to any other insurance company or its agent. I/We also waive any rights to privacy and consent to the disclosure of any information relevant to any insurance claim concerning me or any insured person I/We represent. I/We further declare that all the particulars to be true in every respect and correct and I/we understand that if any claim lodged under this policy be in any respect fraudulent or if any fraudulent means or devices be used by me/us or anyone acting on my/our behalf or with my/our knowledge or consent to obtain any benefit under this policy or if any event be occasioned by the wilful act or with the connivance of me/us, the benefit afforded under this policy afforded under this policy in respect of such claim shall be forfeited.

Signature of Driver _____ Date _____
 Signature of Insured _____ Date _____

NB. It is important that you notify the Insurers immediately you become aware of any impending prosecution, inquest or demand.