



REAM[®]

INSURANCE BROKERS (PTY) LTD EST 1989

REGISTRATION NUMBER: 2001/023867/07

AUTHORISED FINANCIAL SERVICES PROVIDER. LICENCE NUMBER 1422

MOTOR GLASS CLAIM FORM

ATTACH PROOF OF PAYMENT & FITMENT CONFIRMATION

ONLY TO BE USED WHERE INSURED PAID TO HAVE WINDSCREEN REPLACED & REQUESTS

A REFUND FROM THE INSURER LESS EXCESS APPLICABLE

INSURED DETAILS		POLICY NUMBER:			
NAME					
ADDRESS					
CONTACT NUMBER	CELL:	WORK:			
ID NUMBER/ VAT NUMBER					
OCCUPATION					
PREVIOUS INSURER & POLICY NO					
VEHICLE DETAILS					
MAKE					
MODEL & YEAR					
REGISTRATION & VIN					
PURCHASE/CREDIT AGREEMENT					
DRIVER OF VEHICLE AT TIME					
NAME AND OCCUPATION					
ADDRESS					
TEL NO & EMAIL					
ID NUMBER					
DRIVING LICENSE	NO:	DATE:	CODE:	FULL/LEARNER:	
THE BREAKAGE					
DATE , TIME & PLACE					
HOW WAS THE GLASS DAMAGED					
INSTRUCTION FOR REPLACEMENT GIVEN BY					
NAME OF REPAIRER & TEL NO					

INDICATE TYPE OF GLASS

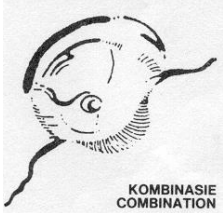
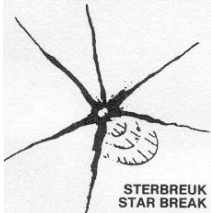


TYPE OF GLASS:

Windscreen

Side
window

Clear

Tinted

 <p>KOMBINASIE COMBINATION</p>	 <p>STERBREUK STAR BREAK</p>	 <p>OOG BULLSEYE</p>	 <p>HALWE OOG HALF BULLSEYE</p>	TOTAAL VERNIETIG TOTALLY DAMAGED
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I/WE WARRANT THE TRUTH OF THE ANSWERS TO THE ABOVE QUESTIONS AND I/WE DECLARE THAT NO INFORMATION HAS BEEN WITHHELD AND THAT THE AMOUNT CLAIMED PRESENTS MY/OUR LOSS ARISING FROM THE ABOVE STATED OCCURRENCE.

SIGNED AT _____ ON THIS _____ DAY OF _____ 20_____

SIGNATURE OF INSURED _____ SIGNATURE OF DRIVER _____

THE ISSUE OF THIS CLAIMFORM IS NOT AN ADMISSION OF LIABILITY AND THE INSURED'S ATTENTION IS DRAWN TO THE POLICY CONDITIONS WHICH STIPULATE THAT NO ADMISSION, OFFER, PROMISE, PAYMENT OR NEGOTIATION SHALL BE MADE WITHOUT THE WRITTEN CONSENT OF THE COMPANY.