

# Glass Claim Form



## DETAILS OF THE BROKER

Brokerage: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Contact Name: \_\_\_\_\_ Cellphone: \_\_\_\_\_  
Agency Code: \_\_\_\_\_ Email: \_\_\_\_\_

## DETAILS OF THE INSURED

Company Name / Insured: \_\_\_\_\_  
Insured Telephone Number: \_\_\_\_\_ Insured Cellphone Number: \_\_\_\_\_  
Physical Business Address: \_\_\_\_\_  
Postal Code: \_\_\_\_\_

## INCIDENT DETAILS

Date and time of breakage: \_\_\_\_\_  
Cause of breakage: \_\_\_\_\_  
Address where breakage occurred: \_\_\_\_\_  
Vehicle registration: \_\_\_\_\_  
Year, make and model of vehicle: \_\_\_\_\_  
VIN/ Chassis no: \_\_\_\_\_

	Tinted	<input type="checkbox"/> Yes	<input type="checkbox"/> No		Clear	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Windscreen:	Shatterproof	<input type="checkbox"/> Yes	<input type="checkbox"/> No		Armour Plate	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Rain sensor fitted?	<input type="checkbox"/> Yes	<input type="checkbox"/> No				

Driver name: \_\_\_\_\_  
Attached quotation:  Yes  No

## DECLARATION

The information and answers given above are true in every detail and no information has been withheld.

Name: \_\_\_\_\_ Designation: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Underwritten by:



Old Mutual Insure Limited is a licensed FSP and Non-Life Insurer.