

Glass Claim Form



DETAILS OF THE BROKER

Brokerage: _____ Telephone: _____
Contact Name: _____ Cellphone: _____
Agency Code: _____ Email: _____

DETAILS OF THE INSURED

Company Name / Insured: _____ Policy Number: _____
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.