MOTOR VEHICLE GLASS CLAIM FORM

DRIVER Details

Full Names:		Surname:	
Identity Number:			
Physical Address:			
Cell Telephone Number:		Telephone Number (W):	

Vehicle Details

Vehicle Description				
Current Mileage:		kms	Year Model:	
Registration Number:			VIN Number:	

Details of Incident

Date & Time:		Location:	
Date Reported:		Reported By:	

Please explain the circumstances of the incident in detail

Driver Declaration

I acknowledge the sharing of claims information by insurers is essential to enable the industry to underwrite, assess risks fairly and to reduce fraudulent claims. In the public interest and with a view to limiting premiums, I waive any right to privacy in any information supplied by me or on my behalf in respect of any claim and consent to such information being disclosed to any other insurance company or it's agent. I also waive any rights to privacy and consent to the disclosure of any information relevant to any claim concerning me or any insured person. I further declare that all the particulars are true and correct.

Driver Signature		Date	