

# MOTOR GLASEISVORM

## MOTOR GLASS CLAIM FORM

Versekerings Maatskappy Insurance Company  Polis Nommer Policy Number  Klient No. Client No

**INLIGTING WAT DEUR DIE VERSEKERDE VERSTREK MOET WORD (BEANTWOORD VRAE VOLLEDIG ASSEBLIEF)**  
**INFORMATION TO BE SUPPLIED BY THE INSURED (PLEASE ANSWER QUESTIONS FULLY)**

**1. DIE VERSEKERDE / THE INSURED**

Identiteitsnr. / Identity no.

Naam Name  Ouderdom Age

Adres Address

Poskode Postal code

Telefoonnr. Besigheid Huis Beroep  
Telephone No. Business Home Occupation

**2. DIE VOERTUIG / THE VEHICLE**

Fabrikaat Registrasienommer Jaar van vervaardiging  
Make Registration number Year of manufacture

**3. DIE BESTUURDER TYDENS DIE ONGELUK / THE DRIVER AT TIME OF ACCIDENT**

Voertuig identifikasie merke  
Vehicle identification marks

Naam Name  Ouderdom Age

Adres Address  Poskode Postal code

Telefoonnr. Besigheid Huis Beroep  
Telephone No. Business Home Occupation

**4. DIE BREEKSKADE / THE BREAKAGE**

Datum Date  Plek Place

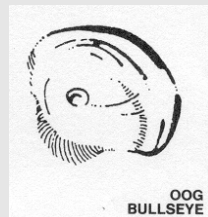
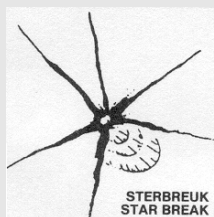
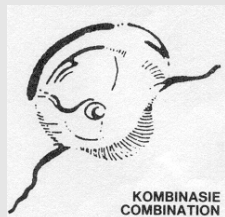
Hoe is die glas beskadig?  
How was the glass damaged?

Is opdrag vir vervanging gegee?  
Have instructions for replacement been given?

Naam van hesteller Name of repairer

**DUI TIPE SKADE AAN:  
INDICATE TYPE OF DAMAGE:**

TIPE GLAS: Windskerm Syglas Helder Gekleur  
TYPE OF GLASS: Windscreen Side window Clear Tinted



**TOTAAL VERNIETIG  
TOTALLY DAMAGED**

**5. VERKLARING / DECLARATION**

Ek verklaar dat na my beste wete die bostaande besonderhede waar en juis is en 'n vollegie blootlegging is van die omstandighede van die eis en ek onderneem om die maatskappy al die hulp in my vermoë met die hantering van die eis te verleen. Ek verklaar ook dat geen ander versekering ingevolge waarvan 'n eis ingestel kan word bestaan nie, en dat ek die enigste eienaar van die gemelde voertuig of ander eiendom is.

I declare that to the best of my knowledge and belief the foregoing particulars are true, correct and a complete disclosure of the circumstances relating to the claim, and I undertake to render to the company every assistance in my power in dealing with the matter. I also declare that there is no other insurance under which a claim can be made and that the said vehicle or other property is my sole property.

DATE .....

SIGNATURE OF INSURED .....