

MOTOR VEHICLE WINDSCREEN CLAIM FORM

INSURED		
Name of insured:		
Policy number:		
Contact person:		
Contact number:		_
Contact email:		
INCIDENT		
Date & time of incident:	Cause of breakage?	
Date & time discovered:		
Date & time reported:		
Cracked/shattered:		
Is the vehicle used for private or business use?	Driver's name at time of incident?	
private or business use.		
VEHICLE DETAILS Place where reported:		
rtace where reported.		
Date of reporting:		
Case number (if		
reported)		
VEHICLE DETAILS		
Make:		
Model:		
Year:		
Registration number:		
VIN number:		
Chassis number:		

REQUIREMENTS TO REGISTER CLAIM

Please read in order to complete and submit claim form.

We require the following documents together with the claim forms:

- Copy of the driver (in the incident) driver's license.
- Case number (where applicable).
- Photos of the damages (where applicable).
- Photo of vehicle license disk.

The following procedure will apply to your claim:

(Without Prejudice or Admission of Liability)

- A claim is registered on receipt of your signed claim form.
- Assessor appointed to view the vehicle at your premises or the panel beater.
- If all is in order with your claim the assessor finalises costs, and the insurers authorize repairs and parts are ordered by the panel beater, and car hire arranged (where specified cover exists).
- Work will begin on your vehicle, once completed the vehicle will be collected by you and your excess paid directly to the repairers.
- You will be expected to sign a release form at the panel beater to confirm repairs are in order and complete. (This form does not indemnify your insurer of any hidden damage related to the accident).
- Panel beater, car hire (per conditions) company and assessor submit invoices to insurer for payment
- Once invoices have been paid the file is handed over to the insurer's legal department in order to claim quantum back from the third party/third party insurers if a third party is at fault.
- On full recovery of the costs from the third party or his insurer your excess is reimbursed less any
 applicable fees. Please note that the recovery process can take between 2 -36 months to complete
 depending on the circumstances of the incident. We do not close your file until the recovery process
 has been finalized. Please note that the insurer is not obliged to recover your excess but does so as a
 service to their clients.

Please Note – Your claim will only be finalized once full and complete information is received, please ensure the claims form is completed and signed in full, and all requested documents are forwarded in order to allow us to expedite the processing of your claim.

The insurers reserve the right to request further documents and information as required depending on the merit and circumstances of losses as applicable.

DECLARATION

I/We have read and understood the above information regarding my claim.

I/We have not made admission of liability to any third party.

- I/We understand that the issue of this claim form is not an admission of liability.
- I/We hereby declare the foregoing particulars to be true in every respect and that
- I/We have not withheld from the Company any information within my/our knowledge connected with the loss.

Insured Signature	Driver's Signature	Date	