



POLICY NO: \_\_\_\_\_

**INFORMATION TO BE SUPPLIED BY THE INSURED  
(PLEASE ANSWER QUESTIONS FULLY)**

**THE INSURED**

VAT NO:	NAME:	AGE:
---------	-------	------

ADDRESS:	OCCUPATION:
----------	-------------

PHONE NUMBER:	BUSINESS:	HOME:	MOBILE:
---------------	-----------	-------	---------

**THE VEHICLE**

MAKE & MODEL:	REG. NO:	YEAR OF MANUFACTURE:
---------------	----------	----------------------

VIN NUMBER: \_\_\_\_\_

**THE DRIVER AT TIME OF ACCIDENT**

NAME:	ID NUMBER:
-------	------------

ADDRESS:	POSTAL CODE:
----------	--------------

PHONE NUMBER:	BUSINESS:	HOME:	OCCUPATION:
---------------	-----------	-------	-------------

**THE BREAKAGE**

DATE:	PLACE:
-------	--------

HOW WAS GLASS DAMAGED? \_\_\_\_\_

**INDICATE TYPE OF DAMAGE**

<b><u>TYPE OF GLASS</u></b>	WINDSCREEN: <input type="checkbox"/>
	SIDE WINDOW: <input type="checkbox"/>
	CLEAR: <input type="checkbox"/>
	TINTED: <input type="checkbox"/>

**DECLARATION:**

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 \_\_\_\_\_ SIGNITURE OF INSURED \_\_\_\_\_