

Head Office
 Renasa House
 170 Oxford Road, Melrose

Gauteng
 Renasa House
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Head Office
 Tel: 011 380 3080
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MOTOR GLASS CLAIM FORM

BROKER	Broker Name:				Work Tel Nr.			
	Contact Person:				Cellular Nr.			
	Email Address:							

Policy Nr.				Claim Nr.			
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POLICYHOLDER	Full Name:				ID Nr.:			
	Occupation:				Date of Birth:		-	-
	Address:				Cellular Nr.			
					Work Tel Nr.:			
					Home Tel Nr.:			
Postal Code:				Email Add:				

VEHICLE	Vehicle Details:	YOM	Make	Model	Date Purchased	
		Vehicle Register Nr:			VIN Number:	
		Registration Nr:			Engine Number:	
	Windscreen Details?	<input type="checkbox"/> Tinted	<input type="checkbox"/> Clear	<input type="checkbox"/> Shatterproof	<input type="checkbox"/> Armourplate	<input type="checkbox"/> Rain Sensor fitted
	Side and Door Glass Details?	Were all the other side and door windows fitted with Smash & Grab Protection?				<input type="checkbox"/> Yes <input type="checkbox"/> No
	Details of the Registered Owner of the Vehicle					

DRIVER	Full Name:				ID Nr.:				
	Occupation:				Relate to Policyholder as:				
	Driver's License:	Date of First Issue:		License Nr.:		Code			
	State fully the purpose for which the vehicle was being used:								
	Was he/she driving the vehicle with your permission?				Yes	No	Was he/she in your employ?		Yes

INCIDENT DETAILS	Date of Loss:		Time:		
	Place where incident occurred:				
	Description of Glass Damage	Indicate where the damage occurred: <input type="checkbox"/> Zone A <input type="checkbox"/> Zone B <input type="checkbox"/> Zone C <input type="checkbox"/> Zone D			
		Type of Damage		Size	
		<input type="checkbox"/>	Combination / Petal Break	<input type="checkbox"/>	Crescent Break
		<input type="checkbox"/>	Bull's Eye	<input type="checkbox"/>	Stress / Edge Crack
<input type="checkbox"/>		Star Break	<input type="checkbox"/>	Long Crack	
<input type="checkbox"/>	Cross Shape Break	<input type="checkbox"/>	Floater Crack		
<input type="checkbox"/>	Half Moon Break				

Signature of Policyholder: _____	Date: _____
Print Name: _____	