

CLAIM FORM

WINDSCREEN

Commercial & Personal Lines



Policy No. G C P 0 0

Claim No. G C M 0 0

Please complete in full, sign and email to claims@miragebrokers.co.za

PARTICULARS OF INSURER

Name (Surname, Initials and Title)
Co-Insured
I.D. No. of Insured
I.D. No. of Co-Insured
Address
E- Mail Address.
Telephone No. Cellular Work

VEHICLE DETAILS

Year
Make
Model
Registration Nr
Windscreen
Windscreen
Sign Writing
TINTED OR CLEAR
SHATTERPRUFE OR ARMOUR
YES OR NO

DRIVER

Full Name
ID No.

DRIVER LICENSE DETAILS

License No.
Date of 1st Issue
Code
Place

DAMAGES

Quotation obtained Yes No Estimate for Repairs R
Repairer Details
Name:
Contact Nr:
Authorization to be send to:

**OCCURRENCE**

DATE	TIME	PLACE

SIGN WRITING ON THE GLASS		CRACKED		SHATTERED	
YES	NO	YES	NO	YES	NO

**DETAILS OF BROKEN GLASS (Full description of loss)**

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**DECLARATION**

I/We hereby warrant the foregoing particulars to be correct, true and accurate in every respect.

I/We accept and understand that any false or incorrect information could severely prejudice and validity of the claim.

Signature of Insured \_\_\_\_\_

Date \_\_\_\_\_

D D M M Y Y Y Y

NB: It is important that you notify the insurers immediately if you become aware of any impending prosecution, inquest or demand.