



AFRICAN MOTOR UNDERWRITERS

MOTOR GLASS CLAIM FORM

BRANCH NO:	POLICY NO:	CERTIFICATE NO:
PENSION, SALARY OR OERSINNEL NO:		CLAIM NO:

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

THE INSURED

ID NO:	NAME:	AGE:	
ADDRESS:		CODE:	
PHONE NUMBER:	BUSINESS:	HOME:	OCCUPATION:

THE VEHICLE

MAKE:	REG. NO:	YEAR OF MANUFACTURE:
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THE DRIVER AT TIME OF ACCIDENT

			VEHICLE IDENTIFICATION MARKS:
NAME:			AGE:
ADDRESS:			POSTAL CODE:
PHONE NUMBER:	BUSINESS:	HOME:	OCCUPATION:

THE BREAKAGE

DATE:	PLACE:
HOW WAS GLASS DAMAGED?	
HAVE INSTRUCTIONS FOR REPLACEMENT BEEN GIVEN?	NAME OF REPAIRER:

INDICATE TYPE OF DAMAGE

TYPE OF GLASS	WINDSCREEN:
	SIDO WINDOW:
	CLEAR:
	TINTED:

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 _____