



GARAGESURE CONSULTANTS & ACCEPTANCES (PTY) LTD

Unit 16, First Floor, Block D
 Lifestyle Riverfront Office Park
 16 Bosbok Road, Randpark Ridge
 Tel No: 011 791 6602
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Authorized Financial Services Provider License Number: 4467

MOTOR GLASS CLAIM FORM				
Broker Agent Name				
THE INSURED	Policy Number	JHB	Claim Number	JHB
	Name and Occupation			
	Identity Number			
	Address			
	Tel No			
	Date and Time of breakage			
	Name and Address of person responsible for the breakage	Name:		
		Address:		
Name and address of witness	Name:			
	Address:			
THE VEHICLE	Make		Registration No.	
	Model and Year			
	Windscreen tinted or clear and shatterproof or amount plate			
THE DRIVER AT TIME OF ACCIDENT	Name		Age	
	Address		Postal Code	
	Telephone Number			
	Occupation			
THE BREAKAGE	Date		Place	
	How was the glass damaged?			
	Name of Repairer			
Type of glass	Windscreen	Side Window	Clear	Tinted
The estimated costs of the damage	R			
<p>I/We solemnly declare that the above particulars are true in every respect.</p> <p>_____</p> <p>Insured Signature Date</p>				