Underwritten/ Administered by
Frontline Underwriters (Pty) Ltd
Vat No. 4350242386
Reg. No. 2008/005015/07
Authorised Financial Service Provider:
– FSP No. 40752

GLASS OR WINDSCREEN CLAIM FORM

INSURED	POLICY NO.:	
	NAME & OCCUPATION:	
	ADDRESS:	
	DAY TEL. NO.	

OCCURRENCE	Date of breakage:		Time of breakage:	
	Cause of breakage:			
	Name & address of person responsible for breakage:			
	Names of witnesses:			
PREMISES	Address of premises where breakage occurred:			
	Were premises occupied:		If so, by whom:	
	Purpose for which occupied:			
VEHICLE	Make:		Registration:	
	Model:		Year:	
	VIN NUMBER		Windscreen Tinted:	
	ENGINE NUMBER		Windscreen Armour Plated:	
	Driver's Name:		Driver's Licence No.	
	Place of issue:		Date of issue:	

DETAILS OF BROKEN GLASS	Full description of broken glass:			
	Size & thickness in millimetres:			
	Cracked or Shatterproof:		Any sign writing on broken glass:	
VALUE	Total value of all insured glass:		When last valued:	
OTHER INSURANCE	Is there any other insurance covering the broken glass:			
	If yes, give name of insurer:			

DECLARATION

We solemnly declare that the above particulars are true in every aspect

Insured's signature: Capacity: Date: