

CLAIM NO:

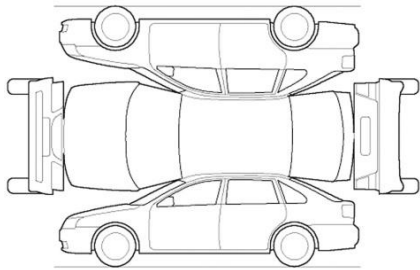

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WINDSCREEN DAMAGE REPORT / CLAIM FORM : EIS VIR SKADE AAN WINDSKERM

IF THE SPACE ALLOWED IS INADEQUATE, PLEASE EXPAND ON SPACE PROVIDED ON PAGE 3 AND ATTACH TO CLAIM FORM

Insured	Name of Insured / Policy Holder		Naam van polishouer	Versekerde
	Address of Insured		Adres van versekerde	
	HLU Policy No.	HLU - 0000 -	HLU Polis No.	
	Telephone No(s)		Telefoon Nr(s)	
	Box No.		Posbus nr.	
Driver	Name		Naam	Bestuurder
	Age		Ouderdom	
	Driving Licence No.		Bestuurs Lisensie nr	
	Date Issued		Datum van Uitreiking	
	Where Issued		Plek van Uitreiking	
Vehicle	Make & Model		Maak & Model	Voertuig
	VIN No.		VIN No.	
	Year		Jaar	
	Registration		Registrasie	
	Purpose for which vehicle was being used at time of accident		Doel van (motor) gebruik tydens ongeluk	
Accident	Date		Datum	Ongeluk
	Place where breakage occurred		Plek van inbraak	
	State how breakage occurred		Beskryf omstandighede	
	If Insured was not present, when was breakage reported to him?		Indien versekerde nie teenwoordig was tydens inbraak, wanneer was hy in kennis gestel	

Damage & Quotes/Estimates	Indicate nature of damage to glass on sketch	 Other? Indicate what...EG Trailer, Canopy etc & the draw damage on the sketch 	Dui aan op skets, die aard van die skade	Skade & Kwotasies/Beraming
	Is immediate or future replacement required?		Moet glas onmiddellik of later vervang word	
	Repairer's Name (Attach a quote from a repairer of choice)	(Leave blank if unsure and our repairers will contact you)	Naam van hersteller	
	Estimate	R	Beraming	
	Address where vehicle be inspected/repared	(Leave blank if unsure and our repairers will contact you)	Adres waar motor kan herstel of inspekteer word	

Contact Information	Contact person/s		Kontak persoon/s	Kontak Inligting
	Contact Numbers (at least 1 landline and 1 cell number)		Kontak nommer (ten minste 1 landlyn en sel nr)	
	Times to be contacted		Tye	

Excess Structure	First Amounts payable/Excess	Windscreen Repair - Nil Excess	Eerste Bedrae Betaalbaar/Ootrollige	Ootrollige Struktuur
		Windscreen Replacement - 25% of claim, Minimum R 350.00		
		If make use of our preferred supplier/s, and fit SABS Imported Generic Glass - Nil Excess ***Note*** Please consult the motor dealership/glass supplier pertaining to the potential revocation and/or loss of your vehicle's warranty/guarentees/service plan (either standard or extended) for not fitting of the original OEM glass to your vehicle.		

Declaration	I/We hereby declare the foregoing particulars to be true in every respect. Date	Verklaring
	Ek/Ons verklaar hiermee dat die voorafgaande besonderhede in elke opsig waar is. Datum	
	Signature of Insured Driver, if other than Insured Versekerde se Handtekening Bestuurder, indien hy nie die Versekerde is nie	

Additional Info		Bykomende Inligting

