

### POLICY DETAILS

Broker: \_\_\_\_\_  
Policyholder: \_\_\_\_\_  
Policy Number: \_\_\_\_\_

### POLICYHOLDER DETAILS

Full Name: \_\_\_\_\_  
Identity Number: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Residential Address: \_\_\_\_\_  
Landline No.: \_\_\_\_\_ Mobile No.: \_\_\_\_\_

### VEHICLE DETAILS

Make: \_\_\_\_\_ Engine No.: \_\_\_\_\_  
Model: \_\_\_\_\_ Chassis No.: \_\_\_\_\_  
Year: \_\_\_\_\_ Registration No.: \_\_\_\_\_

### DRIVER DETAILS

Full Name: \_\_\_\_\_  
Identity Number: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Residential Address: \_\_\_\_\_  
Landline No.: \_\_\_\_\_ Mobile No.: \_\_\_\_\_

### DETAILS OF INCIDENT

Date of Breakage : \_\_\_\_\_ Time of Breakage : \_\_\_\_\_  
Cause of Breakage: \_\_\_\_\_

### DETAILS OF BROKEN GLASS

Cracked or Shattered? \_\_\_\_\_ Shatterproof or Armourplate? \_\_\_\_\_  
Was there any signwriting on the glass? Yes  No

### OTHER DETAILS

Is there any other insurance covering the loss or damage? Yes  No   
If yes, please provide details: \_\_\_\_\_

### WARRANTY

I hereby warrant that the above particulars and statements are true and complete and contain all information known to me affecting the details of the claim.

Signature of Policyholder \_\_\_\_\_ Capacity: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Driver \_\_\_\_\_ Date: \_\_\_\_\_