WINDSCREEN DAMAGE CLAIM FORM



Claim No.	Policy No.

BROKER AGENT

Name Claim Ref:	
-----------------	--

INSURED/DRIVER DETAILS

Name of insured	Age
License details	
Date issued Where issued	
Advanced Driving Course? (If yes please attach certificate) Yes No	

VEHICLE DETAILS

Make	Year	
Model	Registration No.	
Place where breakage occurred		
State how breakage occurred		
If insured was not present, when was breakage reported?		

DAMAGE

Indicate damage on sketch				
Is immediate or future replacement required?				
Repairer's name		Estimate Date	e of Loss	
Where may vehicle be inspected?				

СРТ

PHONE +27 861 682 467 FAX +27 86 455 0713 ADDRESS 4th Floor, Gihon Building, Cnr. Bill Bezuidenhout and Sportica Road, Tygervalley POSTAL PO Box 5777, Tygervalley, 7536 EMAIL ctnquotes@mua.co.za

DBN

PHONE +27 861 682 467 FAX +27 86 455 0713 ADDRESS 1st Floor Units 5 & 6, Aloe Block, Fairway Green, 3 Abrey Road, Kloof, 3610 POSTAL PO Box 591 Gillitts 3603 EMAIL dbn-quotes@mua.co.za JHB PHONE +27 861 682 467 FAX +27 86 455 0713 ADDRESS Ground Floor, Unit 2, Bruton Office Park, 18 Bruton Road, Bryanston POSTAL PO Box 131152, Bryanston 2021 EMAIL jhbquote@mua.co.za

MUA Insurance Acceptances (Pty) Ltd (Registration number 2008/011925/07) is an authorised Financial Services Provider (FSP No.: 37947) underwriting on behalf of Auto & General Insurance Company Limited (Registration number 1973/016880/06), an authorised Financial Services Provider (FSP No.: 16354). DIRECTORS V J Hayter C Y Fourie (Managing Director) T Muranda R Farrell EMAIL info@mua.co.za WEB www.mua.co.za

DECLARATION

I/we declare that the foregoing particulars to be true in every respect.	
Signature of insured	Date
Signature of driver, if other than insured:	Date

BANK DETAILS

Bank	Account Holder
Branch Code	Account No