

WINDSCREEN DAMAGE CLAIM FORM



Claim No.	Policy No.
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BROKER AGENT

Name	Claim Ref:
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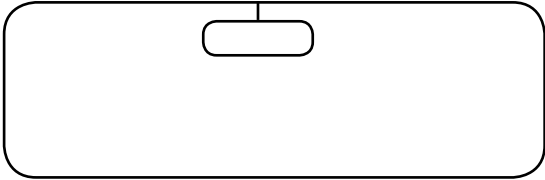
INSURED/DRIVER DETAILS

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 of Loss
Where may vehicle be inspected?	

CPT
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

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