



**Protocol
Risk Managers**

Motor Glass Claim Form

Insured					
Name					
Physical Address					
Contact number/s					
I.D. No / CK No.		Email Address			
Vehicle					
Registered Owner					
Make & Model		Year			
Registration Number		Purchase Date			
Damage to Own Vehicle					
Date & Time					
Where did the loss occur?					
When was the loss discovered?					
Description of how accident occurred					
Police Details (if applicable)					
Station	Police Reference	Reported Date	Reporting Officer Name		
Driver's License Details					
Code		Place of Issue		Date	
State the purpose for which the vehicle was being used					
Was the driver driving with your consent?					
Declaration					
<ul style="list-style-type: none"> I/we hereby declare the foregoing particulars to be true in every respect and hereby authorise the insurance company to obtain the police accident report on my behalf. I /we declare that we will comply with the policy terms and conditions as per the policy contract and policy schedule. I/we declare that we will not accept or make any settlement offer to any third party in respect of this claim without the written consent of the insurance company. 					
Signature of Driver			Date		
Signature of Insured		Date		Capacity	