



**GARAGESURE CONSULTANTS & ACCEPTANCES (PTY) LTD**  
 Unit 16, First Floor, Block D  
 Lifestyle Riverfront Office Park  
 16 Bosbok Road, Randpark Ridge  
 Tel No: 011 791 6602  
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**Authorized Financial Services Provider License Number: 4467**



**MOTOR GLASS CLAIM FORM**

<b>Broker Agent Name</b>					
<b>THE INSURED</b>	<b>Policy Number</b>	<b>JHB</b>		<b>Claim Number</b>	<b>JHB</b>
	Name and Occupation				
	Identity Number				
	Address				
	Tel No				
	Date and Time of breakage				
	Name and Address of person responsible for the breakage	<b>Name:</b>			
		<b>Address:</b>			
Name and address of witness	<b>Name:</b>				
	<b>Address:</b>				
<b>THE VEHICLE</b>	Make			Registration No.	
	Model and Year				
	Windscreen tinted or clear and shatterproof or amount plate				
<b>THE DRIVER AT TIME OF ACCIDENT</b>	Name			Age	
	Address			Postal Code	
	Telephone Number				
	Occupation				
<b>THE BREAKAGE</b>	Date			Place	
	How was the glass damaged?				
	Name of Repairer				
Type of glass	Windscreen	Side Window	Clear	Tinted	
The estimated costs of the damage	<b>R</b>				
I/We solemnly declare that the above particulars are true in every respect.					
Insured Signature			Date		