

Agency ..... Policy No. .... Claim No. ....

Name of Insured ..... Occupation .....

Address ..... e-mail. ....

Telephone No: Bus..... Home ..... Cell .....

**PARTICULARS OF DRIVER**

Name of driver at time of occurrence ..... Date of Birth.....

Address of driver .....

Is driver (a) owner  (b) owner's employee  or (c) owner's relative or friend?  (Tick as appropriate)

Has driver a full driving licence? ..... Licence No. .... Date of Issue .....

When and where was driver first licensed to drive? .....

Has driver ever been convicted of a driving offence? If so, give brief details and dates .....

**PARTICULARS OF INSURED VEHICLE**

Registration Number	Make of Vehicle	Type of Body (Sedan, Lorry, etc)	Year of Make	Horse Power or c.c.	For what exact purpose was vehicle being used? (full information)

**PARTICULARS OF DAMAGE**

Date of occurrence ..... Time ..... Place .....

Cause of breakage .....

Was there any other damage to the vehicle? ..... If yes, please give details .....

Was the windscreen or glass in the car clear, tinted or shaded? .....

Was it already damaged? If so, give details .....

Place where damaged vehicle can be seen .....

Have you given instructions for a replacement to be fitted? ..... Estimated Cost \$ .....

(Insured is responsible for the payment of any excess)

I/We declare that, to the best of my/our knowledge and belief, these statements are true.

Date ..... Signature of Insured .....