

- NOTE:** kindly ensure that all required documents are submitted to allow for claim processing
- Complete Miscellaneous Claim Form
 - Police Report
 - 3 Quotations from reputable suppliers
 - Copy ID of Insured



MOOVAH WINDSCREEN/ GLASS ONLY CLAIM FORM

WARNING: INSURANCE FRAUD IS A CRIME

Policy No Claim No (Official Use)

1. INSURED CUSTOMER'S DETAILS

First Name/s Surname
 Date of Birth Gender
 ID Number Cell Phone Number/s
 Email Address Marital Status
 D/L Number Date of Issue Place of Issue
 Home Address
 Town/ City Occupation

2. MOTOR VEHICLE DETAILS

Make and Model Year
 Registration Number Mileage
 Chassis/ Engine No. Vehicle Use

3. DRIVERS DETAILS (IF DIFFERENT FROM INSURED CUSTOMER)

First Name/s Surname
 Date of Birth Gender
 ID Number Cell Phone Number/s
 D/L Number Date of Issue Place of Issue
 Home Address
 Town/ City Occupation
 Endorsement (if any) Reasons for Endorsement
 Employment Status Was the Driver authorised to use the vehicle

Note: A photocopy of the Driver's License must be submitted with claim form

4. CIRCUMSTANCES OF LOSS/ ACCIDENT

Date of Breakage Place where breakage occurred
 How was the windscreen broken
 If insured was not present when did he/ she receive notification of breakage
 When the Windscreen / Glass was replace last?
 Was there any existing damage prior to this event Yes No If so what extent

STATEMENT

I/We declare the above particulars to be correct and that I/ We have not withheld any material information which would affect the acceptance of my/our claim by the Insurer

Date

Signature of Insured