

MOTOR WINDOW GLASS CLAIM FORMMinet Namibia Insurance Brokers (Pty) Ltd
Risk Consultants and Insurance Brokers**(For use only where no other body or mechanical damage has been sustained)**

INSURED: Name: _____

Policy No. _____ Tel No: _____

Mobile No: _____ E-mail: _____

Address: _____

Occupation: _____

VEHICLE: Make & Model: _____

Year of Manufacture: _____ Registration No: _____

DRIVER: Name: _____ Age: _____

Address: _____

Occupation: _____

Driving Licence No.: _____

Date of issue: _____ Code: _____

ACCIDENT: Date: _____ Time: _____ am/pm _____ Place: _____

Description: _____

DETAILS OF GLASS:

(a) Is the glass Plain or Shaded? _____

(b) Is the glass completely shattered, cracked or chipped? _____

(c) Is replacement being claimed for the purpose of selling the car? _____

I hereby declare that the foregoing particulars are true and that the Driver's Licence, has not been endorsed or suspended, the driver has not been charged or convicted of any driving offence; was sober and does not suffer from any physical defect, infirmity or any impairment or affection of sight or hearing.

DATE: _____ SIGNATURE OF POLICYHOLDER: _____