



GLASS CLAIM FORM

2 Hood Avenue, 2nd Floor, Suite 11
Rosebank, 2196
Tel: 27 11 214 7640 Fax: 086 664 5897
Email: admin@oums.co.za

ALL APPLICABLE SECTIONS MUST BE COMPLETED

1. THE INSURED

Form with fields: Broker, Full Names, Tel Number, Address (Physical), Policy Number, ID Number, Address (Postal)

TO BE COMPLETED IN RESPECT OF MOTOR GLASS CLAIMS ONLY

2. THE VEHICLE

Form with fields: Make & Model, Registration No., Year of manufacture, Value, Engine Number, VIN/Chassis Number, Is vehicle insured under any other policy? Yes/No, If Yes give details

3. THE DRIVER AT THE TIME OF THE ACCIDENT

Form with fields: Full Names, Tel Number, Address, Driver's Licence Code, Driver's Licence No., Date Issued, Was He/she previously involved in a motor vehicle accident? If so, give details

4. DETAILS OF LOSS

Form with fields: Date, Time, Place, Description of damage, For what purpose was the vehicle being used at the time of loss, Name and Address of person responsible for loss, Have you given replacement instructions? If so, give details and value or proof of payment:

TO BE COMPLETED IN RESPECT OF ALL OTHER GLASS CLAIMS

5. THE PREMISES

Form with fields: Address, For what purpose was it being used at the time of the loss/damage?, Do you own or rent the property?

6. DETAILS OF LOSS

Form with fields: Date, Cause, Size and thickness of the glass broken (mm), Have you given instructions to replace the glass? If so, to whom?, Name and address of person responsible for the breakage, Have you informed him/her that you are holding them liable?

I/We declare the foregoing answers are true and correct and that the replacement of the glass has been carried out to my/our satisfaction and that the invoice of the repairer may be paid directly.

Signature of the insured..... Date.....