

GLASS CLAIM FORM

VOICELOG (if applicable)			
Voice Log Date			
Voice Log Time			
Telephone Extension			
Incoming/Outgoing Call		Incoming	Outgoing

INSURED													
Policy Number													
ID Number													
Name and Surname													
Occupation													
Address													
Phone Number													
Email Address													

OCCURRENCE	
Date and time of breakage	
Cause of breakage	
Name and address of person responsible for breakage	
Name and address of witnesses	

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Quicksure (Pty) Ltd Reg No 99/24616/07 | Vat No 4450149051 | FSP No 16902
DIRECTORS JE Bunting (Executive Chairman), S Rajab (Chief Executive Officer),
MJE Geldenhuys (Chief Financial Officer), PE Jacobs (Director)



Glass claim form

VEHICLE																
Make and Model																
Year					Registration Number											
Windscreen	Tinted				Clear				Shatterproof				Armour plate			
Name of Driver																
ID Number																
License Code			Date of Issue						Place of Issue							

DETAILS OF BROKEN GLASS				
Full Description of broken Glass				
Size and thickness (millimeters)				
Sign writing on broken glass	Yes	No	If Yes, give details	

VALUE	
Total value of all insured glass	R _____
When last valued	_____

OTHER INSURANCE		
Is there any other Insurance covering the broken glass	Yes	No
If YES, give name of insurer	_____	

DECLARATION
I/We hereby declare the foregoing particulars to be true in every respect
Signature of Insured _____ Capacity _____ Date _____