



# GLASS CLAIM FORM GLASEISVORM

INSURANCE COMPANY LIMITED  
VERSEKERINGSMAATSKAPPY BEPERK  
REG. NO./NR. 1970/006619/06

POLISNR.		POLICY NO.		
MAKELAAR/AGENT		BROKER/AGENT		
Versekerde	NAAM EN BEROEP		NAME AND OCCUPATION	Insured
	BTW REGISTRASIENR.		VAT REGISTRATION NO.	
	ADRES EN (DAG) TELEFOONNR.		ADDRESS AND (DAY) TEL. NO.	
Skadevoerval	Datum en Tyd van breekskade		Date and Time of breakage	Damage Occurrence
	Oorsaak van breekskade		Cause of breakage	
	Naam en Adres van persoon wat skade veroorsaak het		Name and Address of person responsible for breakage	
	Name en Adresse van Getuies		Names and Addresses of Witnesses	
Perseel	Adres van perseel waar skade plaasgevind het		Addresses of premises where breakage occurred	Premises
	Was perseel bewoon? Deur wie?		Were premises occupied? By whom?	
	Met watter doel was die perseel gebruik?		Purpose for which occupied	
Voertuig	Voertuigfabrikaat en Registrasiennr.		Vehicle Make and Registration No.	Vehicle
	Model en Jaar		Model and Year	
	Voorruit gekleur of nie en Shatterpruff of Armour Plate?		Windscreen tinted or clear and Shatterpruff or Armour Plate?	
	Naam van bestuurder en Rybewysnr./Plek en Datum uitgereik		Driver's name and Licence No./Place of issue and Date of issue	
Besonderhede van Gebreke Glas	Volle beskrywing van gebreke glas		Full description of broken glass	Details of the Broken Glass
	Grootte en Dikte in millimeters		Size and Thickness in millimetres	
	Gekraak of Verpletter?		Cracked or Shattered?	
	Enige Letterskilderwerk op gebreke glas?		Any Sign or writing on broken glass	

Waarde	Totale Waarde van alle versekerde glas		Total Value of all Insured glass	Value
	Wanneer laas is dit gewaardeer?		When last valued?	
Ander Versekering	Is daar enige ander versekering wat die gebreekte glas dek?		Is there any other insurance covering the broken glass?	Other Insurance
	Indien wel, meld naam van Versekeraar		If so, give name of Insurer	
Elektroniese Fonds Oorplasing	Ten einde ons in staat te stel om u eis ooreenkomstig ELEKTRONIESE FONDS OORPLASING te betaal, meld asseblief die volgende EFO (Bankwese) besonderhede:		In order for us to settle your claim in terms of ELECTRONIC FUNDS TRANSFER please provide the following EFT (Banking) details:	Electronic Funds Transfer
	1. Naam van Rek. Houer		1. Account Holders Name	
	2. Bank		2. Bank	
	3. Tak		3. Branch	
	4. Tak Kode		4. Branch Code	
	5. Rekening Nommer		5. Account Number	
	6. Tipe	Tjek <input type="checkbox"/> Current <input type="checkbox"/> Transmissie <input type="checkbox"/> Transmission <input type="checkbox"/> Spaar <input type="checkbox"/> Savings <input type="checkbox"/>		
	<p><b>LW:</b> In geval van 'n Tjekrekening moet hierdie oorkop in 'n blankiel vorm asseblief vergesel word deur 'n blankiel gekanselleerde tjek of afrif.</p> <p><b>NB:</b> Please ensure that a blank cancelled cheque or copy, in the case of a cheque account, accompanies this form.</p>			
Verklaring	<p>Ek/Ons verklaar dat die bogemelde verklarings en gegewens in elke opsig waar en korrek is en dat ek gemagtig is om namens die Maatskappy te teken. Indien bogemele EFO (Elektroniese Fonds Oorplasing) gegewens ter enige tyd gewysig word sal Mutual &amp; Federal onmiddellik kennis gestel word om sodanige enige verdrag te vermy wat betalings ooreenkomstig die EFO stelsel betref. Indien die bogemelde EFO gegewens inkorrekt is en dit veroorsaak 'n vertraging in die uitbetaling of verlies van enige geld dien ons verskuldig, sal Mutual &amp; Federal nie aanspreeklik gehou word vir sodanige verdrag en/of verlies.</p> <p>I/We declare that the above statements and information are true and correct and I am authorised to sign on behalf of the Company. Should any of the above EFT (Electronic Funds Transfer) information change at any time, Mutual &amp; Federal is to be notified immediately to avoid an delay in payments via the EFT system. In addition in the event of the above information being incorrect and causes a delay in receiving or loss of any moneys owing to us Mutual &amp; Federal shall not be held responsible for such delay and/or loss.</p>			Declaration
	<p>Versekerde se Handtekening ..... Hoeëngheid ..... Datum</p> <p>Insured's Signature ..... Capacity ..... Date</p>			