

GLASS CLAIM FORM

UNDERWRITING MANAGERS

| CLAIM NUMBER:   |  | POLICY NUMBER: INSURED:  |   |
|---|--|--|---|
| Name & ID No.   |  |  | _   |
| Address   |  |  |   |
| PO Box  |  |  |   |
| Occupation  |  |  |   |
|   | (1)  | ( )  | ( II)   |
| Telephone   | (h)  | (w)  | (cell)  |
|   |  | DRIVER:  | 1   |
|   |  | /  |   |
| Name & ID No.<br>Address  |  |  |   |
| PO Box  |  |  |   |
| Occupation  |  |  |   |
| Telephone   | (h)  | (w)  | (cell)  |
|   |  | VEHICLE:   |   |
| MAKE  |  | MODEL  |   |
| YEAR  |  | REGISTRATIO  | ON  |
|   |  | ACCIDENT:  |   |
| Date of Loss  |  | <u>,                                      </u>   | =   |
| Place of Loss   |  |  |   |
| Description   |  |  |   |
| Damage  |  |  |   |
| Repairers Name  |  |  | Tel No  |
| Estimate R  |  |  |   |
| he incidence of frauduler<br>nformation supplied by n<br>tion being disclosed to an | at claims. In the public intended or on my behalf in responsy other insurance companion oncerning me or any insure if any claim lodged under | rest and with a view to limiting premit<br>ect of any insurance application or clai<br>y or its agent. I/We also waive any rig<br>ed person I/We represent. I/We furthe<br>this policy be in any respect fraudulen | the industry to underwrite policies and assess risks fairly turns, I/we hereby waive any right to privacy in any in made or lodged by me/us and I/we consent to such this to privacy and consent to the disclosure of any information of the declare that all the particulars to be true in every respect or if any fraudulent means or devices be used by me that policy or if any event be occasioned by the wilf |
| and I/we understand that acting on my/our behalf                                    |  |  | respect of such claim shall be forfeited.   |
| and I/we understand that acting on my/our behalf connivance of me/us, the           |  | is policy afforded under this policy in  | respect of such claim shall be forfeited.  Date   |

NB. It is important that you notify the Insurers immediately you become aware of any impending prosecution, inquest or demand.

Tel +27 11 764 3839 | Email atu@atu.co.za | P O Box 21427, Helderkruin, 1733 | Web atu.co.za 1st Floor, Block C11 Clearview Office Park, 77 Wilhelmina Avenue, Constantia Kloof, 1709 | Director: DB Geffroy (Managing) Auto Trade Underwriting Managers (Pty) Ltd. | Co. Reg. No. 2003/031971/07 | FSP 5232