

Insurer		Policy No.	
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INSURED

Full Name			
Address			
		Code	
ID No.		Tel No.	
Occupation			

DRIVER

Full Name		Age	
Driver's Licence No.		Date Issued (yyyy/mm/dd)	
Place of Issue			

VEHICLE

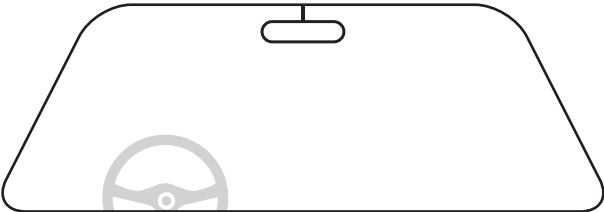
Make		Model	
Year		Registration No.	
Purpose for which vehicle was being used at time of incident			

INCIDENT

Date of Incident (yyyy/mm/dd)		Place where the breakage occurred	
State how the breakage occurred			

If the insured party was not present, when was the breakage reported to him / her?

DAMAGE

Indicate the nature of damage to the glass on the sketch 	Is immediate or future replacement required?	
	Repairer's Name	
	Cost Estimate (in Rands)	
	Where may vehicle be inspected?	

DECLARATION

I/We declare the foregoing particulars to be true in every respect.

Signature of the Insured		Date (yyyy/mm/dd)	
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