



### MOTOR GLASS CLAIM FORM

For use only where no other body or mechanical damage has been sustained

<b>Insured</b>	Name: Policy Number: Address and daytime contact:
<b>Vehicle</b>	Make and model: Year model: Registration Number: VIN: <i>please attach a copy of the licence disc</i>
<b>Driver</b>	Name and surname: ID Number: <i>Please provide copy of drivers' licence card</i>
<b>Accident</b>	Date: Description of Loss:  Address where damage occurred:
<b>Contact Name and Details of Person to arrange repair/replacement:</b>	
<b>Details of broken glass (mark with an X where applicable) (please attach photo of damaged glass)</b>	
Which glass is damaged:	Front windscreen      Rear window      Passenger window glass
Is the Glass:	Plain      Tinted      Smash & Grab Treatment
Is the Glass:	Cracked      Shattered      Chipped
Is the Glass:	Front window      Rear window      Side window (left/right)
Are there rain sensors/ camera sensors	YES      NO
Is there smash and grab/window treatment on the glass	YES      NO
If the rear window is damaged	Solid      Cab Slider
Is the replacement being claimed for the purpose of selling the vehicle?	YES      NO
Is the vehicle still under warranty?	YES      NO
<b>Fitment Location:</b>	
<b>Excess Details</b>	Generic Glass – Nil Agent Glass – the relevant policy excess as stated on your schedule

## connected insurance

T (011) 799 6400

6 Georgian Crescent West, Bryanston, 2021

PO Box 70182, Bryanston, 2191 | [info@apio.co.za](mailto:info@apio.co.za) | [www.apio.co.za](http://www.apio.co.za) | [www.olea.africa](http://www.olea.africa)

Apio Risk Services PTY LTD is an authorised Financial Services Provider | FSP 44335

Directors: O. Canuel\*, V. de Charnacé (Chairman)\*, O. Dubois\*, RNP Hood, DA Strydom, MD Wood

\*French



I/We warrant that the answers given are true and correct and that the drivers licence has not been endorsed or suspended; the driver has not been charged or convicted of any driving offence; was sober and does not suffer from any physical defect or infirmity or any impairment of affliction of sight or hearing.

All details provided on this form are done so honestly and in good faith. This means that Apio Risk Services has been made aware of all important information and that any incorrect information may mean that the claim may be rejected and the policy cancelled.

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Signature

Capacity

Date