

garagesure

Consultants & Acceptances (Pty) Ltd

Motor glass claim form

Consent to processing of personal information

I/We consent to the personal information provided by the policyholder or its representatives in terms of this insurance claim:

1. Will be used by the insurer, its employees and agents for the purposes of regulatory compliance to the various Legal Categories as stipulated in the Company's Information Manual.
2. Will be used by the insurer, its employees and agents for the purposes of processing the insurance claim.
3. Will be stored in a shared database and used to underwrite policies and assess risks fairly; and
4. May be verified against legally recognised sources or databases (including credit bureaus).

Broker details

Broker name	Policy number: Jhb
Claim number: Jhb	Certificate number

Insured/driver details

Full name and surname	ID
Licence details	
Company name	Occupation or business
Company registration number	VAT number
Address and code	
Postal and code	
Work tel	Fax

GARAGESURE CONSULTANTS AND ACCEPTANCES (PTY) LTD An authorised financial services provider FSP 4467

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Underwritten by Compass Insurance Company Limited (FSP 12148)

Home tel	Cell
Email	

Breakage details

Date of breakage	How was the glass damaged?		
Type of glass: Windscreen	Side Window	Clear	Tinted
Place of breakage			
Name of repairer	The estimated costs of the damage R		
Name of person responsible for the breakage			
Address of person responsible for the breakage			
Name of witness			
Address of witness			

Driver

Full name and surname	ID
Occupation	VAT number
Address and code	
Driver licence number	Full driver Learner
Place	Code Date issued
Work tel	Fax Home tel Cell
Email of driver	

Vehicle details

Make	Year	Model
Registration number	Vehicle ID	
Chassis number	Engine number	
Windscreen type: Tinted	Clear	Shatterproof Armoured plate
Registered owner name and surname	ID	

Declaration

I/We warrant the truth of the answers to the above questions and I/we declare that no information has been withheld.

Signed at _____ on the _____ day of _____ 20____

Date _____ Signature of the driver _____

Date _____ Capacity _____

Signature of the insured _____