

HELEN KING

"AN AUTHORISED FINANCIAL SERVICE PROVIDER"

NANINI 390 CC t/a HELEN KING

Phone: 031 309 9180 Fax: 086 673 6783 Cellphone: 083 661 7077 Email: helen@helenking.co.za

Address: 40 Milner Road, Essenwood, Durban, 4001 Postal Address: Postnet Suite 190, Private Bag X10, Musgrave Road, 4062

GLASS CLAIM FORM

Insurer

Insurer:	
Policy Number:	

Insured

Name:	
Identity Number:	
Business or Occupation:	
VAT Number:	
Physical Address:	
Postal Address:	
Contact Number:	

Details of Loss / Damage

Date of Breakage:		Time of Breakage:	
Cause of Breakage:			
Name of person responsible for Breakage:			
Contact number of person responsible for Breakage:			
Address of person responsible for Breakage:			
Name of Witness:			
Contact Number of Witness:			
Address of Witness:			
Place where Breakage occurred:			
Were the premises occupied:	YES		NO
If YES, by whom:			
Purpose of occupation:			
Vehicle Registration:			
Vehicle Description, Make and Model:			
Vehicle Year of Manufacture:			
Was the windscreen tinted:	YES		NO
Was the windscreen clear:	YES		NO
Was the windscreen shatterproof:	YES		NO

Was the windscreen armour plated:	YES		NO	
Driver's Name:				
Driver's License Number, Date, and Issue (please attach a copy):				
Full description of broken glass:				
Size and thickness in mm:				
Was there any signwriting on the broken glass:				
Total value of all insured glass:				
When last was the glass valued:				
Is there any other insurance in place covering the broken glass:	YES		NO	
If YES, please provide the insurance details:				

PLEASE SUPPLY A QUOTATION IN RESPECT OF ITEM(S) CLAIMED.

Insurers share information with each other regarding policies and claims with a view to prevent fraudulent claims and obtain material information regarding the assessment of risks proposed for insurance. Please refer to the Consent Clause on or attached to the policy schedule for more details in this regard.

Payment Method			
Please specify the name of the bank, branch, name of account and account number into which any claim proceeds should be paid.			
Name of Bank:		Account Name:	
Type of Account:		Account Number:	
Branch Code:			
NOTE: WHERE BANK ACCOUNT DETAILS DIFFER FROM BANK DETAILS THAT PREMIUMS ARE DEBITED FROM, PROOF OF BANK DETAILS WILL NEED TO BE MADE AVAILABLE.			

Declaration			
I / We solemnly declare that these particulars are true, correct, and complete in every respect.			
Full Name:		Capacity:	
Identity Number:		VAT Number:	
Company Registration Number:		Date:	
Signature:			