

Claims

Gem & Jewel Acceptance (Pty) Ltd

Reg. No. 1999/013901/07 | FSB LICENCE 5064 | VAT 4200186551
321 Main Road, La Rocca Office Park, Building A, Ground Floor, Bryanston
P O Box 70014, Bryanston, 2021

Tel: 0861 234 GEM/ 436 | Fax: 0861 235 GEM/436

e-mail: info@gemjewel.co.za | web: www.gemjewel.co.za

Directors: Valerie Hayter, Natasha Maroun (Managing), Gary Cross





WINDSCREEN DAMAGE CLAIM FORM

DETAILS OF BROKER

Name of Broker _____ Contact Person _____

Telephone _____ Broker's Code _____

DETAILS OF INSURED

Name of Insured (in full) _____

Contact Person _____ Telephone (H) _____ (W) _____

VAT Number _____ Facsimile _____

VEHICLE DETAILS

Year / Make / Model _____ Reg. No _____

State fully the purpose for which the vehicle was being used _____

If the loss was caused by another party, please state details _____

Any other insurance? If so, please state details _____

DRIVER

Full Name _____ ID Number _____

Residential Address _____

Telephone Number (H) _____ (W) _____ (C) _____

Driver's Licence Number _____ Date of Issue _____

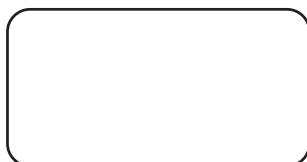
Please attach a copy of Driver's Licence

BREAKAGE

Date _____ Time _____ Place _____

Describe how the breakage occurred

Indicate the nature of the damage on the sketch below:



Is immediate or future replacement required? _____

Repairer's Name _____ Estimate R _____

DECLARATION

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

Signature of Driver _____ Date _____

Signature of Insured _____ Date _____