



Windscreen Claim Form

Registration Number: M1993/004910/07

FSP No. 4348

Ground Floor, Coral House, 20 Peter Place, Lyme Park, Sandton | PO Box 803, Cramerview, 2060

Tel +27 (0) 11 463 0105 | Fax +27 (0) 11 463 0249

Insurer: Hollard Insurance Company

Policy Number: HRF/GRL/MTF/01/2014

Residential Address: _____

Contact Details: _____

Email Address: _____

Identity Number: _____

1. Company Details:

Company:	Division:
Contact Person	
Name and Designation:	Contact Number:

2. Insured Details:

Name of Insured:		
Business Address:		
Contact Number(s):	Occupation:	
Are you the Sole Owner of the Insured Vehicle?	Yes	No
If 'No', Name of the other Interested Parties:		
Is the Vehicle a Rental?	Yes	No

3. Insured Vehicle:

Vehicle Particulars			
Is the Vehicle still under Warranty?	Yes	No	
Make and Model:	Year:		
Registration Number:	Engine Number:		
Color:	Vin Number:		
Class of Vehicle			
Sedan	Hatchback	Motorcycle	Motor Tricycle
SUV	Heavy Motor Vehicle/Truck		
Tool of Trade	Car Allowance	Company Car	

4. Driver/Custodian:

Required Details	
Surname:	Full Name:
Contact Number:	Identity Number:
License Number:	License Expiry Date:
Years Licensed to Drive this Type of Vehicle:	
Occupation:	
Name of the Registered Owner of the Vehicle:	

5. Damage to Insured Vehicle:

Please describe the Damage to your Vehicle:	
Please provide a Short Description of how the Damage occurred:	
Where is your Motor Vehicle currently located (Full Address)?	
Contact Person:	Contact Number:

6. Windscreen Damage Details:

Date of Accident:		Time of Accident:	
Street:		Town:	
Which Glass was Damaged?			
Front Windscreen	Side Window	Rear Window	
Additional Information:			
Does the Glass Require Replacement?		Yes	No
If the Windscreen requires Replacement, does the Vehicle have a Rain Sensor:		Yes	No

7. Declaration:

By submitting this form, I declare that:		
a) The information and answers given above are true in every detail, to my knowledge and no information has been withheld or misrepresented.		
b) Warning, if you supply any false or misleading information and know that it is not true, Sigma Risk Solutions ("The Company") shall have the right to refuse your claim.		
c) Whilst the claim is under consideration. I/We consent to the vehicle being moved to Sigma Risk Solutions preferred salvage provider for safekeeping.		
Name of Person completing this form (Please Print):	Signature:	Date: