



Windscreen Claim Form

SPECIAL NOTICE

This insurance policy is based on the statements below, made by the proposer or by his / her broker. Any misrepresentations or non-disclosure may repudiate any liability of a claim made against the insurer. If you are in doubt of any question, please supply further information under the remarks section, otherwise it will be taken that you fully understand all the details on this proposal and have completed and understand all questions asked. The proposer must initial the bottom of all pages on this proposal. This contract will not be valid if any of the pages are not initialled by the insured.

Insured Details

Trading Name : _____

VAT Number : _____ Contact Person : _____

Physical Address : _____

_____ Code : _____

Postal Address : _____

_____ Code : _____

Tel No. (W) : _____ Tel No. (H) : _____ Tel No. (C) : _____

Email : _____

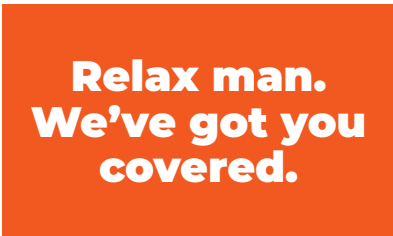
Vehicle Details

Make : _____ Model : _____ Registration No. _____

Vin No : _____

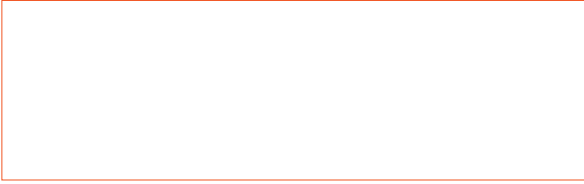
Short description of accident : _____

Damage (Provide details about the damage, if it can be repaired or if it should be replaced) :



First 4 Men Insurance Brokers (PTY LTD) | Company registration number: 2008/020612/07
Authorized Financial Services Provider: FSP No: 39313 | Contact details: 087 114 8000
Address: Unit 8, First Floor, Central Park, 13 Esdoring Street, Highveld Techno Park, 0157

Name of Authorised person : _____

Signature : 

Date : _____

Signed at : _____

**Relax man.
We've got you
covered.**

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