



UNDERWRITING MANAGERS

MOTOR GLASS CLAIM FORM

Tel: 0861-00-0090
E-mail: claims@keu.co.za
Website: www.keu.co.za

PLEASE ATTACHED A COPY OF THE FOLLOWING DOCUMENTS WITH THE COMPLETED CLAIM FORM		1. DRIVER'S LICENSE	
		2. 2 X QUOTES FOR REPAIRS	
		3. HIRING AGREEMENT - IF APPLICABLE	
INSURED:			
POLICY NUMBER:	KEU	BROKER:	
PRODUCTION/ INSURED NAME:		SHOOT/ EVENT NAME:	
INSURED PHYSICAL ADDRESS:			
STATE FULLY PURPOSE FOR WHICH THE VEHICLE WAS BEING USED:			
WAS HE/SHE DRIVING WITH YOUR PERMISSION? If no, please provide detail	YES	NO	
WAS HE/SHE IN YOUR EMPLOYMENT? If no, please provide detail.	YES	NO	
DRIVER:			
DRIVER'S FULL NAME:		CONTACT NUMBER:	
VEHICLE:			
MAKE & MODEL:		CURRENT RETAIL VALUE:	R
YEAR:		REGISTRATION:	
IN WHOSE NAME IS VEHICLE REGISTERED?			
DOES THE VEHICLE HAVE ANY OTHER INSURANCE POLICIES? IF YES STATE POLICY NUMBER	YES	NO	
		COMPANY	
ACCIDENT:			
DATE AND TIME OF THE ACCIDENT	Day / Month / Year		AM PM
PLACE WHERE LOSS OCCURRED			
HOW WAS THE GLASS DAMAGED?			
HAS INSTRUCTION OF REPLACEMENT BEEN GIVEN?	YES	NO	
TYPE OF GLASS:	WINDSCREEN	SIDE WINDOW	CLEAR TINTED



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TYPE OF DAMAGE:

COMBINATION

STAR BREAK

BULLSEYE

HALF BULLSEYE

DECLARATION

I/We warrant that the answers given are true and correct. All details provided on this form are done so honestly and in good faith. This means that KEU Underwriting Managers (PTY) LTD has been made aware of all important information and that any incorrect information may mean that the claim may be rejected, and the policy cancelled.

I consent to KEU Underwriting Managers, Centriq and its operators, processing and further processing, my personal information in accordance with the Protective of Personal Information Act, for the purpose of concluding and performing in terms of this insurance contract.

For further information please read our Private Notice, which can be found on www.centriq.co.za

SIGNATURE OF DRIVER:

DATE:

Day / Month / Year

SIGNATURE OF INSURED:

DATE:

Day / Month / Year

NB: IT IS IMPORTANT THAT YOU NOTIFY THE INSURERS IMMEDIATELY WHEN YOU BECOME AWARE OF ANY IMPENDING PROSECUTION, INQUEST OR DEMAND.