GLASS OR WINDSCREEN CLAIM FORM



Company Reg. No: 2008/005015/07 Vat Reg. No: 4350242386

Compliance Officer: Moonstone Compliance

Authorised Financial Service Provider – FSP No. 40752

Old Mutual Insure Limited, Registration Number 1970/006619/06. A licensed FSP and non-life insurer. (FSP12)

INSURED											
Policy Number:											
Name:											
Occupation:											
Address:											
Address.										Code:	
Tel. Number:	(H)					Tel. N	Tel. Number:			(W)	
Cell Number:						Fax N	Fax Number:				
E-mail:											
Identity Number:											
PLEASE ANSWER QUESTIONS / COMPLETE IN FULL:											
OCCURRENCE											
Date of Breakage:							Time of Breakage:				
Cause of Breakage:											
Name and address of	Name:	Name:									
person responsible	Address:										
for Breakage:		Code:								Code:	
Names of witnesses:		<u> </u>									
PREMISES											
Address of premises w breakage occurred:	here										
Were the premises occupied:		YE	YES NO If so, by			y whom:					
Purpose for which occupied:											
VEHICLE											
Make:							Model:				
Registration:							Year:				
Windscreen Tinted:						Windscreen Clear:					
Windscreen Shatterproof:							Windscreen Armour Plated:				
Driver's Name:						Driver's Licence No.:					
Place of Issue:		Date of Issue:									
DETAILS OF BROKEN G	LASS										
Full Description of brok	ken glass:										
Size & thickness in millimetres:											
Cracked or Shatterproof:											
Any sign writing on broken glass:											
VALUE											
Total value of all insured glass:							When las	t valued:		-	

OTHER INSURANCE							
Is there any other insurance covering the broken glass	YES	NO					
If yes, give Name of Insurer:							

DECLARATION

PLEASE READ THE FOLLOWING DECLARATION VERY CAREFULLY AND READ AGAIN THE QUESTIONS AND ANSWERS, BEFORE SIGNING THE FORM

I/We declare that the statement and particulars in that I/we have not misstated, suppressed or omittee	n this claim form are true to the best of my/our knowledge and belief and ed any material facts.
SIGNATURE OF INSURED	DATE
DESIGNATION:	
NAME IN PRINT:	

PRIVACY NOTICE - PROTECTION OF PERSONAL INFORMATION ACT ("POPIA")

We understand that your personal information is important to you and that you may be apprehensive about disclosing it.

Your privacy is just as important to us and we are committed to safeguarding and processing your information in a lawful manner.

We may use your information or obtain information about you for the following purposes:

- Underwriting
- Assessment and processing of claims
- Credit searches and/or verification of personal information
- Claims checks (ASISA Life & Claims Register)
- Tracing beneficiaries
- Fraud prevention and detection
- Market research and statistical analysis
- Audit & record keeping purposes
- Compliance with legal & regulatory requirements
- Verifying your identity
- Sharing information with service providers we engage to process such information on our behalf or who render services to us. These service providers may be abroad, but we will not share your information with them unless we are satisfied that they have adequate security measures in place to protect your personal information.

YOUR rights

You may access your personal information that we hold and may also request us to correct any errors or to delete this information. In certain cases you have the right to object to the processing of your personal information.

You also have the right to complain to the Information Regulator.

To view our full privacy notice with contact details for the Information Regulator, please visit our website on: https://frontlineinsurance.co.za/popi/