

MOTOR VEHICLE WINDSCREEN

Claim Form

INSURED

Name of insured	<input type="text"/>
Policy number	<input type="text"/>
Contact person	<input type="text"/>
Contact phone number	<input type="text"/>
Contact email address	<input type="text"/>
VAT number	<input type="text"/>

INCIDENT

Date of loss	<input type="text"/>	Cause of breakage	<input type="text"/>
Date discovered	<input type="text"/>		
Date reported	<input type="text"/>		
Cracked or shattered?	<input type="text" value="-Please Select-"/>	Driver's name at time of incident	<input type="text"/>
Was vehicle used for business purposes at time of loss?	<input type="text" value="-Please Select-"/>		

VEHICLE DETAILS

Make	<input type="text"/>
Model	<input type="text"/>
Year	<input type="text"/>
Registration number	<input type="text"/>
VIN number	<input type="text"/>
Chassis number	<input type="text"/>

DECLARATION

I / we declare that to the best of my / our knowledge the above statements are true .I acknowledge that the information set out above is provided freely so that Western may process my claim and give effect to the terms and conditions contained in the policy wording. I herewith give my consent that Western may use this information, my personal information on record and additional information obtained from other sources in order to determine whether to accept or reject my claim and take all necessary steps ancillary thereto to give effect hereto. I understand that I may be liable for output VAT in terms of the Value-Added Tax Act, 10 of 2000.

<input type="text"/>	<input type="text"/>	<input type="text"/>
Insured's signature	Capacity	Date

Cape Town

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