



Established 1993

# OPTION SHORT TERM INSURANCE BROKERS (PTY) LTD

INSURANCE BROKERS & GROUP SCHEME ADMINISTRATORS

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Registration No. 1993/06939/07 ▲ FSP Licence No. 8265 ▲ Vat No. 4210141406

## GLASS CLAIM FORM

### POLICY DETAILS

Broker: Option Short Term Insurance Brokers

Policyholder: \_\_\_\_\_

Policy Number: \_\_\_\_\_

### CONTACT PERSON DETAILS

Full Name: \_\_\_\_\_

Identity Number: \_\_\_\_\_

Residential Address: \_\_\_\_\_

Landline No.: \_\_\_\_\_

Mobile No.: \_\_\_\_\_

### DETAILS OF LOSS

Date and Loss: \_\_\_\_\_

Place of Loss: \_\_\_\_\_

Which Glass is being claimed (side/rear/windscreen): \_\_\_\_\_

How Did Damage Occur: \_\_\_\_\_

Address Preferred for Replacement (if possible): \_\_\_\_\_

\_\_\_\_\_

### VEHICLE DETAILS

Make: \_\_\_\_\_

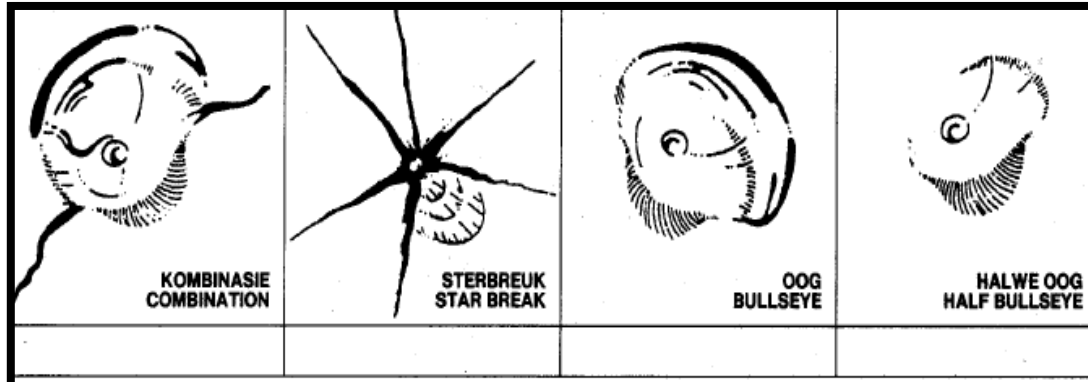
Model: \_\_\_\_\_

Year: \_\_\_\_\_

Vin No.: \_\_\_\_\_

Engine No.: \_\_\_\_\_

Registration No.: \_\_\_\_\_



### WARRANTY

I hereby warrant that the above and statements are true and complete and contain all information known to me affecting the details of the claim.

Signature of Policyholder: \_\_\_\_\_

Capacity: \_\_\_\_\_

Date: \_\_\_\_\_