

MOTOR VEHICLE WINDSCREEN

Claim Form

INSURED

Name of insured

Policy number

Contact person

Contact phone number

Contact email address

VAT number

INCIDENT

Date of loss

Cause of breakage

Date discovered

Date reported

Cracked or shattered?

YES

NO

Driver's name at
time of incident

Was vehicle used for business
purposes at time of loss?

YES

NO

VEHICLE DETAILS

Make

Model

Year

Registration number

VIN number

Chassis number

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 section 8(8) of the VAT Act 89 of 1991.

Insured's signature

Capacity

Date

Cape Town

T 021 914 0290
F 021 914 0290
E info@westnat.com

Gauteng

T 012 523 0900
F 012 523 0909
E info@westnat.com

oudtshoorn

T 044 011 0049
F 044 011 1282
E info@westnat.com

Windhoek

T +264 (0) 61 256733
F +264 (0) 61 251 056
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