

MOTOR GLASS CLAIM FORM

POLICY DETAILS	
Broker :	
Policyholder :	
Policy Number :	
POLICYHOLDER DETAILS	
Full Name :	
Identity Number :	
Occupation :	
Residential Address :	
Contact Number :	
VEHICLE DETAILS	
Make and Model :	
Year :	
Registration Number :	
Engine Number :	
Vin Number :	
DETAILS OF INCIDENT	
Date and Time of breakage :	
Cause of breakage :	
Can anyone be held responsible for the breakage?	
If yes, please provide details :	
Was the incident reported to the police?	
If yes, please provide Police Case reference Number :	
Police Station :	
Date reported :	
Is there any other insurance covering the loss or damage?	
If yes, please provide details :	
DETAILS OF BROKEN GLASS	
Cracked or Shattered?	
Shatterproof or Armourplate?	
Was there any signwriting on the glass?	
DISCLAIMER (FOR NON ECHELON APPROVED REPAIRERS)	
1. I, the undersigned, hereby confirm that the motor glass of my vehicle noted above will be repaired/replaced by the supplier of the quote attached, at my request	
2. I have been advised that the repairer is not on the approved list of repairers of Santam Limited , and as such the repair/replacement cannot be guaranteed and the manufacturer may cancel or vary the terms of any applicable vehicle warrantee and/or motorplan	
3. I confirm that any defective workmanship or risk of cancellation/variation to the vehicle warrantee and/or motorplan will be borne by me, and that I will have no recourse or claim in this regard against Santam Limited.	
Signature of Policyholder	Date Signed

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YOUR INFORMATION

The information below is required in order to properly assess the Claim in question. We are aware that certain information disclosed to us may be deemed Personal Information in terms of the Protection of Personal Information Act 4 of 2013 (POPI) and we will accordingly take all reasonable steps to ensure that your information is processed / used / stored in accordance with POPI.

We further hereby inform you that we may have to share your Personal Information with our service providers (loss adjusters, attorneys, investigators & other consultants/advisors) involved in assessing the Claim in accordance with your Insurance Policy.

Where necessary, we may also disclose your Personal Information, including potentially sensitive information about you, to other insurers, reinsurers, legal representatives and other consultants in order to protect the legitimate interests of the Insurer/Santam Ltd.

In addition, we may need to obtain certain information from other sources (such as the South African Police Service or a medical practitioner) but we undertake to advise you if/when we collect personal information from such other sources.

If you do not provide the requested information or consent to its collection and disclosure as described above, the assessment of your claim may be delayed and/or we may not be able to accept the claim.

You also have the right, in terms of POPI, to object (on reasonable grounds) to the processing of your Personal Information.

By signing this Claim Form, you acknowledge the purpose for which the information is collected and the manner in which it may be processed and accordingly provide your consent to the above stated use/dissemination/disclosure of your personal information.

WARRANTY

I hereby warrant that I have suffered the loss/damage to the property referred to in this document and that the particulars and statements given below are true and complete and contain all information known to me affecting the details of the claim.

I agree and understand that providing the incorrect information, inflating my claim or claiming for items that I did not own prior to the loss, is fraudulent, and will prejudice my claim.

Signature of Policyholder :

Date Signed :