CLAIM FORM



Commercial & Personal Lines

Policy No. G C P Please complete in	Claim No. G C M full, sign and email to claims@miragebrokers.co PARTICULARS OF INSURER	o.za							
Name (Surname, Initials and Title) Co-Insured									
I.D. No. of Insured I.D. No. of Co-Insured		Age Age							
Address									
	Code								
E- Mail Address.									
Telephone No. Cellular	Work								
VEHICLE DETAILS									
Year Make Model	Reg Nr VIN Nr Engine Nr								
DRIVER									
Full Name	ID No.								
	DRIVER LICENSE DETAILS								
License No. Date of 1st Issue	Code Place								
DAMAGES									
Type of claim: WINDSC Type of glass: SMASH 8 Quotation obtained YES									
Repairer Details Contact Nr: Authorization to be send to: Estimate for Repairs	R								

OCCURRENCE																
DATE			TIME					PLACE								
CHIP			CRACKED					SHATTERED								
YES	NO		YES		NO					YES			NO			
DETAILS OF BROKEN GLASS (Full description of loss)																
																<u> </u>
																-
DECLARATION																
I/We hereby warrant the foregoing particulars to be correct, true and accurate in every respect. I/We accept and understand that any false or incorrect information could severely prejudice and validity of the claim.																
, 1.2 2000p. 22 chaosana marany raise of moonest marmanon coola severely projected and validity of the claim.																
DOCUMENTS TO ACCOMPANY YOUR CLAIM: 1.) Clear copy enlarged to 300% of your drivers license																
Signature o	f Co-Insured						Date_	D	D	M	M	Υ	Υ	Υ	Υ	
Signature o	f Insured						Date									
								D	D	M	M	Υ	Υ	Υ	Υ	

The FSP respects the rights to privacy and confidentiality of our potential and existing clients' personal information. You give consent that we may process, transfer and disclose your personal information for the purposes of providing you with insurance products and services and complying with your instructions. This may necessitate us sharing information with third parties to give effect to your insurance requirements. A copy of the POPI Policy and Privacy Policy is available on our website or upon request. We hereby consent that we may share your information to enable us to process your claim.

It is important that you notify the insurers immediately if you become aware of any impending prosecution, inquest or demand.