

Insured Name:	
Insured Policy Number:	
Vehicle Registration number:	
Vehicle Make & Model:	
Date of damage to glass:	
Date of Request for replacement:	
What needs to be replaced: (e.g.: Windscreen, rear window, LHS Glass etc)	
Quotation Amount: (Including fitting & VAT)	
Authorised Arrow Suppliers Name:	
Area of Loss (Nearest town / City)	
To be completed by Arrow Underwriting Managers (Pty) Ltd and returned to supplier if Authorised:	
Authorised By:	
Authorised Amount: (Including fitting and VAT)	
Excess Payable by insured:	
Amount payable by Arrow:	
Claim Number:	
To be completed by the Insured and returned to Arrow Underwriting Managers (Pty) Ltd together with the suppliers invoice for payment	
I/ We, for and on behalf of the insured noted above confirm that Glass replacement referred to above has been completed and fitment carried out to my satisfaction. I furthermore confirm that should there be any form of defective workmanship or product I have direct recourse against the supplier noted herein.	
Name and designation of person signing the document	
Signed by or for and on behalf of the Insured:	
Date:	