



**QuanWay Insurance Brokers cc**

Authorised Financial Service Provider  
FSP 14751  
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Website www.quanway.com

**MOTOR GLASS CLAIM FORM**

	POLICY NO.	
BROKER		

**INSURED**

Name			
Tel No		Cell No	

**DETAILS**

Date of loss:	
Location of vehicle:	
Description of loss:	

**VEHICLE**

Reg Number		Year	
Make		Model	
Vin No.			

What glass is required?	
Is repair or replacement required?	

**DECLARATION**

I/we declare that to the best of my/our knowledge the above statements are truly made

Signature of Insured \_\_\_\_\_

Capacity \_\_\_\_\_ Date \_\_\_\_\_