

WINDSCREEN DAMAGE CLAIM FORM

	Claim No.	
	Policy No.	

BROKER AGENT	Name	
	Claim Ref.	

INSURED/DRIVER DETAILS	Name of insured	
	Age	
	License details	
	Date issued	
	Where issued	

VEHICLE DETAILS	Make	
	Model	
	Year	
	Registration No.	
	Place where breakage occurred	
	State how breakage occurred	
	If insured was not present, when was breakage reported?	

DAMAGE	Indicate damage on sketch		
	Is immediate or future replacement required?		
	Repairer's name		
	Estimate		Date of Loss:
	Where may vehicle be inspected?		

I/we declare that the foregoing particulars to be true in every respect.		Date:	/	/
Signed	Insured:		Driver, if other than insured:	

BANK DETAILS	Bank:	
	Account Holder:	
	Branch Code:	
	Account No:	

CPT
0861 682 467 (MUA INS)
PHONE +27 21 525 6200 FAX +27 21 525 6300
ADDRESS Block A & B Edison Square Cnr. Edison
Way & Century Avenue Century City
POSTAL PO Box 84 Century City 7446

DBN
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PHONE +27 31 275 8600 FAX +27 31 265 1719
ADDRESS Viewz 11 The Boulevard Westway Office
Park Westville 3630
POSTAL PO Box 2725 Westway 3630

JHB
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ADDRESS MUA House 26 Sturdee Avenue Rosebank
Johannesburg 2196
POSTAL PO Box 131152 Bryanston 2021