

Insuring the Individual.

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 oc	urred
	State how breakage occur	red
	If insured was not present was breakage reported?	when

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 i	insured:		

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

CPT

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 DBN 0861 682 467 (MUA INS) 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

JHB 0861 682 467 (MUA INS) PHONE +27 11 560 0600 FAX +27 11 327 1710 ADDRESS MUA House 26 Sturdee Avenue Rosebank Johannesburg 2196 POSTAL PO Box 131152 Bryanston 2021

MUA Insurance Acceptances (Pty) Ltd is an authorised Financial Services Provider (FSP No.: 37947) underwriting on behalf of Compass Insurance Company Limited, authorised Financial Services Provider (FSP No.: 12148) REGISTRATION NUMBER 2008/011925/07 DIRECTORS R A Gainsford (Chairman) C Y Fourie (Managing Director) L Keel (Swiss) T Muranda V J Hayter EMAIL info@mua.co.za WEB www.mua.co.za