

# WINDSCREEN CLAIM FORM



## MERX HCV

A Division of Merx Underwriting Managers (Pty) Ltd

Tel: 011 455 3838 Fax: 086 718 6753 Address: P.O. Box 4472, Atlasville, 1465  
Physical Address: 7 Allen Street, Bardene, Boksburg, 1459  
www.merxhcv.co.za

Merx HCV is an authorised financial services provider - FSP nr: 42991

Underwritten by:

FSP 42991



## OLD MUTUAL INSURE

Old Mutual Insure Limited is a licensed FSP and Non-Life Insurer.

### IMPORTANT

This proposal forms the basis of the Insurance contract between the Insured and the Insurer once completed by the Insured and accepted by the Insurer. Making a false statement or withholding any material fact may give the Insurer the right to repudiate any claim made under the policy or may result in the policy being declared null and void from inception. A material fact is any fact which influences the acceptance of the risk or conditions and premiums on which it is accepted. This proposal must therefore be fully/accurately completed and signed by the proposer.

Full Name \_\_\_\_\_ Customer Policy no. \_\_\_\_\_

Postal Address \_\_\_\_\_

Tel \_\_\_\_\_ Cell \_\_\_\_\_ Email \_\_\_\_\_

### VEHICLE

Year \_\_\_\_\_ Registration \_\_\_\_\_ Make & Model \_\_\_\_\_

Engine no. \_\_\_\_\_ VIN no. \_\_\_\_\_

### DAMAGE

Date \_\_\_\_\_ Time \_\_\_\_\_ Place \_\_\_\_\_

Cause of loss \_\_\_\_\_

Damaged Area  Windscreen  Side Window  
 Front  Rear  Left Front  Left Rear  Right Front  Right Rear

Repair or Replace \_\_\_\_\_

Estimate \_\_\_\_\_

Dealership \_\_\_\_\_

### DECLARATION

I / we hereby declare the foregoing particulars to be true in every respect.

Signature of proposer \_\_\_\_\_ Date \_\_\_\_\_

**Please note:** No excess applicable where windscreen can be repaired.