



sacos

Windscreen Breakage Insurance Claim Form

Motor Private Motor Commercial

PLEASE COMPLETE IN FULL ALL SECTIONS OF THIS CLAIM FORM AS SOON AS POSSIBLE AFTER THE ACCIDENT AND SUBMIT TO SACOS ALL THE REQUIRED DOCUMENTS AS PER CHECKLIST.

IMPORTANT INFORMATION

1. All statements must be factual, not influenced or biased in any form.
2. The damaged vehicle must be parked in a safe place, it is understood that the company shall not be responsible for any subsequent loss/theft.
3. Repairs must not be carried out without prior authorisation from Sacos.

1. INSURED DETAILS

POLICY NUMBER

Name

Postal Address

Occupation

Insurance Certificate Number

Telephone (Mobile)

Telephone (Work)

Email Address

Road License Number

Date of Expiry

Note: Please attach a copy

THE PERSON SUBMITTING THIS FORM (IF DIFFERENT FROM POLICYHOLDER)

Name

Postal Address

Telephone (Mobile)

Telephone (Work)

Email Address

2. VEHICLE DETAILS

Make

Model

Cubic Capacity

Colour

Registration Number

Year of manufacture

For what purpose was it being used?

Business Pleasure Other

If other, please provide details

Was it being used under your instructions?

Yes No

If no, please give details

3. DRIVER DETAILS

Name of person driving the vehicle at time of accident

Please provide details, if different from the Insured

Driver's relationship with the insured

Occupation

Telephone (Mobile)

Telephone (Work)

Driver's License validity period:

From (dd/mm/yyyy)

To (dd/mm/yyyy)

Vehicle Class Number

4. DETAILS OF THE ACCIDENT/LOSS/DAMAGE

Location of accident

Date (dd/mm/yyyy)

Time (AM/PM)

Speed of the vehicle at time of accident (Km/h)

Was your vehicle always on the left hand side of the road?

Yes No

Did the Police take particulars?

Yes No

If the Police did not take particulars at the time of incident, did you report the accident?

Yes No

If yes, at which Police Station?

Date (dd/mm/yyyy)

State weather condition

State degree of visibility

Good Moderate Poor

State road condition

Who do you consider was at fault?

Myself Driver Other

If other, please specify

Please provide a brief statement of how the accident occurred

Where can the Vehicle be examined?

Name of Garage

Address

Contact Number

I hereby declare that to the best of my knowledge and belief the statements and particulars contained herein are truthfully made and that i have not withheld any material fact concerning the accident.

Signature of Insured or his/her broker or legal representative

Date and Time

LIST OF DOCUMENTS REQUIRED FOR CLAIM SETTLEMENT (To be submitted to the Sacos office)

- Duly filled and signed claim form
- Copy of Insurance certificate
- Copy of road fund certificate
- Copy of Motor Driving License of the person driving the vehicle at the time of the accident
- Quotation for new windscreen
- Estimate of repairs from the repairer where the vehicle is to be repaired
- Photo(s) of the accident