



CHS Claims Handling Services (Pty) Ltd

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4th Floor, 4 Bridal Close, CRF Building,

Tyger Falls, Bellville, 7530

P.O. Box 3516, Tygervalley, 7536

WINDSCREEN

Claim for the damages caused to your vehicle windscreen or glass.

To ensure your claim is processed correctly, it's crucial to supply the following documentation when claiming.

Copy of the policy holder's ID.	
Copy of the driver's license. (Driver at the time of the incident)	

Directors: SW Reyneke, A Joubert

Reg Nr: 2009/010034/07 • **CHS is an Authorised Financial Service Provider:** FSP46862



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WINDSCREEN / GLASS CLAIM FORM

Date of Loss	DD	MM	YYYY	Time of Loss			AM	PM
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INSURED DETAILS

Insured ID No								
Initials, Name & Surname								
Cell No								
E-mail Address								
Physical Address								

POLICY DETAILS

Insurer / Broker								
Policy No:								

Do you have other insurance covering the same loss? If yes, give details:

PLACE OF LOSS

Address								
Total Value of Ited / Items	R							

INSURED VEHICLE, DRIVER & WINDSCREEN DETAILS

Registration No:								
Vin No:								
Make, Model & Year								
Driver's Name								
Driver's ID no								
Driver's License								
Date of Issue								
Which Glass is broken?	Windscreen			Back			Side	
Indicate with X	Clear		Tinted		Shatterproof		Armour Place	

DESCRIPTION OF LOSS

Indicate with X	Cracked?		Shattered?	
Place where the Windscreen / Glass broke?				

Describe how the Windscreen / Glass broke and who / what broke it

Attach the following documentation & mark that you have:

Copy of ID	Copy of Driver's License
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I DECLARE THAT THE INFORMATION SUBMITTED IN THIS CLAIM FORM IS TRUE AND CORRECT IN EVERY RESPECT

INSURED'S SIGNATURE		DATE	
DRIVER'S SIGNATURE		DATE	