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REGISTRATION NO: 1996/057308/23

An Authorised Financial Service Provider.

FSP NO: 14574

WINDSCREEN CLAIM FORM

Ignore sections not applicable

Policy Number			
Insured			
Address and (day) telephone no.			
Vehicle Year, Make, Model and Registration No.			
In whose name is the vehicle registered?			
Date and time of breakage			
Windscreen tinted/clear			
shatterproof or armour plate			
Driver: Full Name			
Residential Address			
Occupation			
ID number			
Driving License	No.: Full/Learners	Date:	Code:
State fully the purpose for which the vehicle was being used			
Was he/she driving with your permission?			
Was he/she in your employ?			
Declaration	<i>We hereby declare that foregoing particulars to be true in every respect</i>		
Signature of Driver:			
Date:			
Signature of Insured:			