

# WINDSCREEN CLAIM FORM



**MERX HCV**  
Merx Underwriting Managers (Pty) Ltd

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

Underwritten by:



An Authorised Financial Services Provider (FSP12)

## 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      | <input type="text"/> | Customer Policy no. | <input type="text"/> |
| Postal address | <input type="text"/> |                     |                      |
| Tel            | <input type="text"/> | Cell                | <input type="text"/> |
| Email          | <input type="text"/> |                     |                      |

## VEHICLE

|            |                      |              |                      |              |                      |
|------------|----------------------|--------------|----------------------|--------------|----------------------|
| Year       | <input type="text"/> | Registration | <input type="text"/> | Make & Model | <input type="text"/> |
| Engine no. | <input type="text"/> | VIN no.      | <input type="text"/> |              |                      |

## DAMAGE

|                   |                                     |                                      |                                     |                                    |                                      |                                     |
|-------------------|-------------------------------------|--------------------------------------|-------------------------------------|------------------------------------|--------------------------------------|-------------------------------------|
| Date              | <input type="text"/>                | Time                                 | <input type="text"/>                | Place                              | <input type="text"/>                 |                                     |
| Cause of loss     | <input type="text"/>                |                                      |                                     |                                    |                                      |                                     |
| Damaged Area      | <input type="checkbox"/> Windscreen | <input type="checkbox"/> Side Window |                                     |                                    |                                      |                                     |
|                   | <input type="checkbox"/> Front      | <input type="checkbox"/> Rear        | <input type="checkbox"/> Left Front | <input type="checkbox"/> Left Rear | <input type="checkbox"/> Right Front | <input type="checkbox"/> Right Rear |
| Repair or Replace | <input type="text"/>                |                                      |                                     |                                    |                                      |                                     |
| Estimate          | <input type="text"/>                |                                      |                                     |                                    |                                      |                                     |
| Dealership        | <input type="text"/>                |                                      |                                     |                                    |                                      |                                     |

## 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.