



RF&G INSURANCE COMPANY LTD.

Gordon House
One Coney Drive, P.O. Box 661
Belize City, Belize

GLASS REPLACEMENT FORM

INSURED

SOURCE: _____

- (a) Full Name _____
- (b) Address _____
- (c) Business _____
- (d) Policy No. _____
- (e) Contact No. _____
- (f) Date of payment of last premium _____

VEHICLE

Year _____ VIN# or Regd. No _____ CYLS _____

Make _____ Body Type _____

For what purpose was it being used? _____

Was it being used under your instructions? _____

DRIVER

Name and address of person driving at time of incident _____

Date of birth _____ Drivers License # _____ Class _____ Expiry Date _____

State driving experience of driver _____

INCIDENT

Date of Incident _____ Time of Incident _____ Place of Incident _____

How did the breakage occur? _____

Where can the vehicle be examined? _____

Please attach all pictures when submitting this form OR pictures can be emailed to the claims department at info@rfginsurancebelize.com (ATTENTION: CLAIMS DEPARTMENT)

Amount of Estimate _____

This policy is extended to include ONE glass replacement per vehicle within the CURRENT POLICY PERIOD, where damage to the glass is not in relation to a motor vehicle accident.

It must be noted that the Insured is responsible for a deductible of 10% of the agreed claim payment amount. RF&G will pay the repairer 90% of the agreed payment amount and the Repairer will be responsible to collect the balance from the Insured. The maximum benefit is limited to \$3,000 any one glass replacement.

I/We hereby declare that the statements contained herein are true to the best of my/our knowledge and belief, and that the Vehicle is not insured with any other Insurer. I/we also acknowledge that I/We have given RF&G Insurance Company Ltd. the authority to use my/our name in conducting any legal proceedings that are deemed necessary.

Date _____ Signature _____

KINDLY INDICATE DAMAGE TO VEHICLE ON THE BELOW SKETCH

