



DISCLAIMER

GLASS SUPPLIER OF OWN CHOICE

I, _____ the insured as owner of the insured vehicle and the undersigned, declare as follows:

I, have read this declaration and acknowledge that I am familiar with the content hereof. I furthermore confirm that I have signed the declaration of my own free will and regard same as binding on my conscience.

1. I submitted a claim for indemnity in terms of Policy no: _____ for a loss suffered in respect of motor vehicle, _____ registration number _____ ("the insured vehicle") which was _stone damaged on _____.
2. I hereby choose and elect to use a glass repairer of my own choice to attend to the repair or the replacement of the windscreen and or side glass on the abovementioned insured vehicle;
3. I furthermore confirm that the amount payable by the insurer to the **insured** (should **the insured** have settled the invoice prior to the intimation of the claim) will be limited to the amount which the insurer would have paid to its preferred supplier for such repair or replacement, taking into account any discounts allowed by the preferred supplier less any applicable excess(es)
4. In the event of the non preferred glass supplier rendering its invoice to the insurer directly upon the instruction of **the insured** to render the service, the maximum amount payable by the insurer to the said supplier will be limited to the amount which the insurer would have paid to its preferred supplier for such repair or replacement, taking into account any discounts allowed less any applicable excess(es)
5. I agree that, in terms of this agreement, all glass repair and or replacement work done on the insured vehicle by the non preferred Renasa glass supplier of my choice will be done at my own risk and that I shall have no further claim whatsoever against Renasa in respect of such work **or liability arising out of or associated with the glass replaced;**
6. In the event of any further loss occurring to the insured vehicle prior to payment being made, I understand and agree that Renasa shall not be liable for payment of the amount referred to in clause 3 above. I acknowledge that in this event I will be required to notify Renasa of the further loss and to submit a new claim;

Signed at _____ this ____ day of _____ 2010

Insured's Name in Full _____

Insured's Signature _____

Witness Name in Full _____

Witness Signature _____