

## GLASS CLAIM

Broker/Agent	_____		Policy number	_____		VAT reg. number	_____	
<b>Insured</b>	Name and occupation		_____					
	Address and daytime phone number		_____					
<b>Occurrence</b>	Date and time of loss/damage		_____					
	When was the loss/damage discovered		_____					
<b>Premises</b>	Address of premises where breakage occurred		_____					
	Were premises occupied				YES		NO	
	If YES, by whom		_____					
<b>Occurrence</b>	Purpose for which occupied		_____					
	Cause of breakage		_____					
	Name and address of person responsible for breakage		_____					
<b>Vehicle</b>	Name and address of witness		_____					
	Vehicle make and registration number		_____					
	Model and year		_____					
	Windscreen tinted or clear and shatterproof or armour plate		_____					
	Driver's name and licence number		_____					
<b>Details of broken glass</b>	Place and date of issue		_____					
	Full description of broken glass		_____					
	Size and thickness in millimetres		_____					
	Cracked or shattered				Cracked		Shattered	
<b>Value</b>	Any signwriting on broken glass				YES		NO	
	Total value of all insured glass				R		_____	
	When last valued		_____					
<b>Other insurance</b>	Is there any other insurance covering the broken glass				YES		NO	
	If so, please give the name of the insurer		_____					
<b>Declaration</b>	I/We warrant that the answers given are true and correct. All details provided on this form are done so honestly and in good faith. This means that The Insurer has been made aware of all important information and that any incorrect information may mean that the claim may be rejected and the policy cancelled.							

Insured's signature	Capacity	Date
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