



CLAIM FORM: GLASS

| QUESTIONS               |   | ANSWERS |    |  |
|-------------------------|---|---------|----|--|
|                         | Policy Number                                       |         |    |  |
|                         | Broker / Agent                                      |         |    |  |
| Insured                 | Name of Insured                                     |         |    |  |
|                         | Vat Registration No.                                |         |    |  |
|                         | Address   |         |    |  |
|                         | Tel. No.  |         |    |  |
| Damage Occurrence       | Date & Time of Breakage                             |         |    |  |
|                         | Cause of Breakage                                   |         |    |  |
|                         | Name and address of person responsible for breakage |         |    |  |
|                         | Name and address of witnesses                       |         |    |  |
| Premises                | Address of premises where breakage occurred         |         |    |  |
|                         | Were premises occupied?                             |         |    |  |
|                         | By whom?  |         |    |  |
|                         | Purpose for which occupied                          |         |    |  |
| Vehicle                 | Vehicle Make and Registration No.                   |         |    |  |
|                         | Model and Year                                      |         |    |  |
|                         | Windscreen tinted or clear                          |         |    |  |
|                         | Shatterproof or armour plate                        |         |    |  |
|                         | Drivers name and license number                     |         |    |  |
|                         | Place and date of issue                             |         |    |  |
| Details of Broken Glass | Full Description of broken glass                    |         |    |  |
|                         | Size and thickness in millimetres                   |         |    |  |
|                         | Cracked or shattered                                |         |    |  |
|                         | Any signwriting on broken glass                     |         |    |  |
| Value                   | Total value of all Insured Glass                    |         |    |  |
|                         | When last valued?                                   |         |    |  |
| Other Insurance         | Is there any other insurance                        | YES     | NO |  |
|                         | Covering the broken glass?                          |         |    |  |
|                         | If so, give name of Insurer                         |         |    |  |

Authority of payment  
INSURED'S BANKING DETAILS

It is recommended that if any amount is payable directly to you, it be transmitted by Electronic Bank Transfer for speedier settlement and security reasons. If you are agreeable to this, please complete and provide the following information

Name of Bank

Account No.

Account Type

Branch & Code No.

Name of account Holder

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Declaration

Insured Signature

I / We hereby declare that the above and foregoing particulars to be true in every aspect

Capacity: \_\_\_\_\_

Date: \_\_\_\_\_