

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

Declaration

Insured Signature

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

Capacity: _____

Date: _____