GLASS CLAIM

Broker/Agent _____ Policy number _____ VAT reg. number _____

Insured	Name and occupation	
	Address and daytime phone number	
Occurrence	Date and time of loss/damage	
	When was the loss/damage discovered	
Premises	Address of premises where breakage occurred	
	Were premises occupied	YES ◯ NO ◯
	If YES, by whom	
	Purpose for which occupied	
Occurrence	Cause of breakage	
	Name and address of person responsible for breakage	
	Name and address of witness	
Vehicle	Vehicle make and registration number	
	Model and year	
	Windscreen tinted or clear and shatterproof or armour plate	
	Driver's name and licence number	
	Place and date of issue	
Details of broken glass	Full description of broken glass	
	Size and thickness in millimetres	
	Cracked or shattered	Cracked ◯ Shattered ◯
	Any signwriting on broken glass	YES ◯ NO ◯
Value	Total value of all insured glass	R
	When last valued	
Other insurance	Is there any other insurance covering the broken glass	YES ◯ NO ◯
	If so, please give the name of the insurer	
Declaration	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 your 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.	
Protection of Personal Information	We care about your privacy. In order to provide you with our service, we and our service providers have to process the personal information you provide us with by completing this document. We will treat this information with caution and we have put reasonable security measures in place to protect it.	

Insured's signature _____ Capacity _____ Date _____