



## GLASS CLAIM FORM

**PLEASE COMPLETE IN FULL, SIGN AND FAX TO: 011 462-8981**

INSURANCE COMPANY DETAILS					
Insurer				Policy No.	
INSURED'S DETAILS					
Company Name / Surname & Initials					
Identity Number			Vat Number	Occupation / Business	
Physical Address					
Work Tel No.			Home Tel No.		
OCCURRENCE					
Date & Time of Breakage			Cause of Breakage		
DETAILS OF PERSONS RESPONSIBLE FOR BREAKAGE					
Name				Address	
WITNESSES					
Name				Address	
Name				Address	
Name				Address	
PREMISES WHERE BREAKAGE OCCURED					
Address					
Were premises occupied?			If so, by whom?	Purpose for which occupied	
VEHICLE					
Make			Model	Reg. No.	Year
Windscreen tinted or clear			Shatterproof or armourplate	Drivers Name	
Licence No.			Place & Date of Issue		
DETAILS OF BROKEN GLASS					
Full description of broken glass					
Size & thickness in millimetres			Cracked or Shattered?	Total value of all insured glass	
OTHER INSURANCE					
Is there any other insurance covering the broken glass?			If so, give name of insurer		
DECLARATION					
I / We solemnly declare that the above particulars are true in every respect.					
Signature of Insured _____ Capacity _____					
Thus done and signed at _____ on this _____ day of _____					
PLEASE COMPLETE IN FULL, SIGN AND FAX TO: 011 622-4645					