

GLASS CLAIM FORM

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|-------------------------|--|-------------------|----------------|
| INSURER | | POLICY NUMBER | VAT REG NUMBER |
| INSURED | Name & occupation | | |
| | Address & phone number | | |
| OCCURRENCE | Date & time of breakage | | |
| | Cause of breakage | | |
| | Name & address of person responsible for breakage | | |
| | Name & address of witness | | |
| PREMISES | Address of premises where breakage occurred | | |
| | Were premises occupied? | | |
| | If so, by whom? | | |
| | Purpose for which occupied | | |
| VEHICLE | Vehicle make | | |
| | Registration no. | | |
| | Model | | |
| | Year | | |
| | Windscreen tinted or clear? | | |
| | Driver's name | | |
| | Licence no. | | |
| | Place & date of issue of licence | | |
| DETAILS OF BROKEN GLASS | Full description of broken glass | | |
| | Size & thickness in millimetres | | |
| | Cracked or shattered? | | |
| | Any signwriting on the broken glass? | | |
| VALUE | Total value of all insured glass | | |
| | When last valued? | | |
| 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 | | |
| | _____ Insured's Signature | _____ Capacity | _____ Date |