

GLASS CLAIM FORM

Insurer		Policy no.	
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INSURED			
Name		Surname	
Occupation		Daytime contact no.	
Address			

OCCURRENCE			
Date of breakage	/	/	Time of breakage
Cause of breakage			
Name of person responsible for breakage			
Address of person responsible for breakage			

Witness details	Name	Address
Witness 1		
Witness 2		
Witness 3		

PREMISES	
Address of premises where breakage occurred	
Were premises occupied?	
By whom?	
Purpose for which occupied	

VEHICLE			
Make		Model	
Year		Registration no.	
Windscreen tinted or clear and shatter-proof or armour plate?			
Driver's name		Driver's licence no.	
Place of issue		Date of issue	/ /

DETAILS OF BROKEN GLASS	
Full description of broken glass	
Size and thickness in millimetres	
Cracked or shattered?	

VALUE

Any sign-writing on broken glass?	
Total value of all insured glass	
When last valued?	

OTHER INTERESTS

Is there any other insurance covering the broken glass?	
If so, give the name of insurer	

DECLARATION

I / We solemnly declare that the above particulars are true in every respect.

Signature of insured _____

Date _____

Capacity _____