

## GLASS CLAIM FORM

BROKER/AGENT \_\_\_\_\_ POLICY NUMBER \_\_\_\_\_ VAT REG NUMBER \_\_\_\_\_

<b>INSURED</b>	Name and occupation	_____	
	Address and day phone number	_____	
<b>OCCURRENCE</b>	Date and time of loss/damage	_____	
	When was the loss/damage discovered?	_____	
<b>PREMISES</b>	Address of premises where breakage occurred	_____	
	Were premises occupied	Yes	No
	If Yes, by whom?	_____	
<b>OCCURRENCE</b>	Purpose for which occupied	_____	
	Cause of breakage	_____	
	Name and address of person responsible for breakage	_____	
	Name and address of witness	_____	
<b>VEHICLE</b>	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	_____	
<b>DETAILS OF BROKEN GLASS</b>	Full description of broken glass	_____	
	Size and thickness in millimetres	_____	
	Cracked or shattered	Cracked	Shattered
	Any signwriting on broken glass	Yes	No
<b>VALUE</b>	Total value of all insured glass	R	_____
	When last valued?	_____	
<b>OTHER INSURANCE</b>	Is there any other insurance covering the broken glass	Yes	No
	If so, please give the name of the insurer	_____	
<b>DECLARATION</b>	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 The Hollard Insurance Company Ltd have been made aware of all important information and that any incorrect information may mean that the claim may be rejected and the policy cancelled.		

Insured's Signature \_\_\_\_\_ Capacity \_\_\_\_\_ Date \_\_\_\_\_