

## GLASS/WINDSCREEN CLAIM FORM

INSURED			
Policy Number:			
Name:			
Occupation:			
Address:			Code:
Tel. Number:	(H)	Tel. Number:	(W)
Cell Number:		Fax Number:	
E-mail:			
Identity Number:			

**PLEASE ANSWER QUESTIONS / COMPLETE IN FULL:**

OCCURRENCE			
Date of Breakage:		Time of Breakage:	
Cause of Breakage:			
Name and address of person responsible for Breakage:	Name:		
	Address:		
			Code:
Names of witnesses:			
PREMISES			
Address of premises where breakage occurred:			
Were the premises occupied? :	YES	NO	If so, by whom:
Purpose for which occupied:			
VEHICLE			
Make:		Model:	
Registration:		Year:	
Windscreen Tinted:		Windscreen Clear:	
Windscreen Shatterproof:		Windscreen Armour Plated:	
Driver's Name:		Driver's Licence No.:	
Place of Issue:		Date of Issue:	
DETAILS OF BROKEN GLASS			
Full Description of broken glass:			
Size & thickness in millimeters:			
Cracked or Shatterproof:			
Any sign writing on broken glass:			

OTHER INSURANCE		
Is there any other insurance covering the broken glass?	YES	NO
If yes, give Name of Insurer:		

**DECLARATION**

**PLEASE READ THE FOLLOWING DECLARATION VERY CAREFULLY AND READ AGAIN THE QUESTIONS AND ANSWERS, BEFORE SIGNING THE FORM**

I/We declare that the statement and particulars in this claim form are true to the best of my/our knowledge and belief and that I/we have not misstated, suppressed or omitted any material facts.

\_\_\_\_\_  
SIGNATURE OF INSURED

\_\_\_\_\_  
DATE

DESIGNATION: \_\_\_\_\_

NAME IN PRINT: \_\_\_\_\_