



Glass Claim Form

Policy no and name			
Broker name			
Insured's surname & initials			
ID number			
Physical address			Code
Day tel no and e-mail address			
Date and time of breakage	Date		Time
Cause of breakage			
Name of person responsible for breakage			
Names and tel no's of witnesses			
Address of premises where breakage occurred			
Were premises occupied?	Yes / No	By whom?	
Purpose of occupation			
Any signwriting on broken glass?			
Total value of all insured glass			
Full description of broken glass			
Vehicle make and registration no			
Model and year			
Chassis no / engine no of vehicle			
Windscreen tinted or clear and shatterproof or armour plate			
Cracked or shattered			
Is there any other insurance covering the broken glass?	Yes / No	Name of insurer	
Insured's Bank Details			
Name of Bank			
Account Holder			
Branch			
Branch Code			
Account Type			
Account Number			
<p>I/We declare that I/We have suffered loss or damage to the property enumerated on this claim form and that the said property was in my/our possession immediately prior to the said loss/damage which occurred in the circumstances as described below.</p>			
<p>_____</p> <p>Insured's Signature</p>		<p>_____</p> <p>Date</p>	