

GLASS / WINDSCREEN CLAIM FORM

	Policy No	
	Name & Occupation	
INSURED	Address & Day Tel. No.	
	Date, Time of Breakage	
OCCURRENCE	Cause of Breakage	
	Name & Address of Person responsible for Breakage	
	Names of Witnesses	
PREMISES	Address of premises where Breakage took place	
	Were premises occupied? By whom?	
	Purpose for which occupied?	
VEHICLE	Vehicle Make & Registration No	
	Model & Year	
	Windscreen tinted or clear? Shatterproof or Armour Plate?	
	Drivers Name and Licence No Place and Date of issue	
DETAILS OF BROKEN GLASS	Full Description of broken glass	
	Size & Thickness in millimetres	
	Cracked or Shatterproof?	
	Any Sign writing on broken glass?	
VALUE	Total value of all insured glass?	
	When last valued?	
OTHER INSURANCE	In 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 aspect	
	Insured's Signature _____ Capacity _____ Date _____	