

ASSOCIATED INSURANCE BROKERS

Reg No 2004/022911/07



risk services(Pty)Ltd

Reg No. 2004/022911/07

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**GLASS CLAIM FORM**

| | | |
|--------------------------------|---|--|
| POLICY NUMBER | | |
| INSURED | Name and occupation | |
| | Address | |
| | Day Telephone Number | |
| | Identity number | |
| | VAT number | |
| OCCURRENCE | Date and time of breakage | |
| | Cause of breakage | |
| | Name and address of person Responsible for breakage. | |
| | Names and addresses of witnesses | |
| PREMISES | Address of premises where breakage occurred | |
| | Were premises occupied? | |
| | By Whom? | |
| | Purpose for which occupied | |
| VEHICLE | Vehicle make and registration | |
| | Model and year | |
| | Windscreen tinted or clear and Shatterpruf or armour plate? | |
| | Driver's name and licence no. / | |
| | Place and date of issue | |
| DETAILS OF BROKEN GLASS | Full description of broken glass | |
| | Size and thickness in millimetres | |
| | Cracked or shattered? | |
| | Any signwriting on broken glass? | |
| VALUE | Total value of all insured glass | |
| | When last valued? | |
| OTHER INSURANCE | Is there any other insurance covering the broken glass? | |
| | If so, give name of insurer | |
| DECLARATION | <p>I/We solemnly declare that the above particulars are true in every respect.</p> <p>_____ Capacity _____ Date _____</p> <p>Signature of Insured</p> | |