

GLASS CLAIM FORM

BROKER/AGENT _____ POLICY NUMBER _____ VAT REG NUMBER _____

INSURED	Name and occupation _____		
	Address and day phone number _____		
OCCURRENCE	Date and time of loss/damage _____		
	When was the loss/damage discovered? _____		
PREMISES	Address of premises where breakage occurred _____		
	Were premises occupied _____	Yes	No
	If Yes, by whom? _____		
	Purpose for which occupied _____		
OCCURRENCE	Cause of breakage _____		
	Name and address of person responsible for breakage _____		
	Name and address of witness _____		
VEHICLE	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 _____		
DETAILS OF BROKEN GLASS	Full description of broken glass _____		
	Size and thickness in millimetres _____		
	Cracked or shattered _____	Cracked	Shattered
	Any signwriting on broken glass _____	Yes	No
VALUE	Total value of all insured glass _____	R	
	When last valued? _____		
OTHER INSURANCE	Is there any other insurance covering the broken glass _____	Yes	No
	If so, please give the name of the insurer _____		
DECLARATION	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 _____