

GLASS CLAIM

Broker/Agent _____ Policy number _____ VAT reg. number _____

Insured	Name and occupation	_____
	Address and daytime 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 <input type="radio"/> NO <input type="radio"/>
	If YES, by whom	_____
Occurrence	Purpose for which occupied	_____
	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 <input type="radio"/> Shattered <input type="radio"/>
	Any signwriting on broken glass	YES <input type="radio"/> NO <input type="radio"/>
Value	Total value of all insured glass	R _____
	When last valued	_____
Other insurance	Is there any other insurance covering the broken glass	YES <input type="radio"/> NO <input type="radio"/>
	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 has 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 _____

