



GLASS CLAIM

Broker f Agent _____ Policynumber _____ VAT reg. number _____

Insured Occurrence Name and occupation _____
Address and daytime phone number _____

Premises Date and time of loss/damage _____
When was the loss/damage discovered _____
Address of premises where breakage occurred _____

Were premises occupied YES NO

Occurrence If YES, by whom _____

Purpose for which occupied _____

Cause of breakage _____

Name and address of person responsible for breakage _____

Vehicle Name and address of witness _____

Vehicle make and registration number _____

Model and year _____

Windscreen tinted or clear and shatterproof or amour plate _____

Details of broken glass Driver's name and licence number _____

Place and date of issue _____

Full description of broken glass _____

Size and thickness in millimetres _____

Cracked or shattered Cracked Shattered

Any signwriting on broken glass _____

Value Total value of all insured glass R _____

Otherinsurance brokenglass _____

Yes No

When last Value _____

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 A-Sure Consultants (PTY) 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 _____