



For queries do not
hesitate to call
John Stapleton on
071 606 0823

GLASS OR WINDSCREEN CLAIM FORM

INSURED	POLICY NO.:				
	NAME & OCCUPATION:				
	ADDRESS:				
	DAY TEL. NO.				
OCCURRENCE	Date of breakage:		Time of breakage:		
	Cause of breakage:				
	Name & address of person responsible for breakage:				
	Names of witnesses:				
PREMISES	Address of premises where breakage occurred:				
	Were premises occupied:			If so, by whom:	
	Purpose for which occupied:				
VEHICLE	Make:		Registration:		
	Model:		Year:		
	Windscreen Tinted:			Windscreen Clear:	
	Windscreen Shatterproof:			Windscreen Armour Plated:	
	Driver's Name:		Driver's Licence No.		
	Place of issue:		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	Is there any other insurance covering the broken glass:				
	If yes, give name of insurer:				
DECLARATION	We solemnly declare that the above particulars are true in every aspect				
	Insured's signature:		Capacity:	Date:	