

## Glass Claim Form



Policy Number: ..... Due date: ..... Broker:.....

Name of Insured: .....

Address: .....

Cell Number: .....

Telephone Number (home) : .....

Business or Occupation: ..... Telephone Number (business) : .....

### TO BE COMPLETED IN RESPECT OF MOTOR GLASS CLAIMS ONLY

#### 1.THE VEHICLE

Make: ..... Registration No: ..... Year of Manufacture :.....

#### 2.THE DRIVER OF THE VEHICLE AT THE TIME OF ACCIDENT

Name: ..... Age: .....

Address: .....

Telephone No (home): ..... Telephone No (Work): ..... License No: .....

#### 3.THE BREAKAGE

Date: ..... Explain how damage occurred: .....

Description of damage: .....

Have instructions for replacement been given? ..... If so, name of repairer: .....

What is the estimated cost of repairs? ..... (attach quotation/s)

### TO BE COMPLETED IN RESPECT OF ALL OTHER GLASS CLAIMS

1.THE PREMISES: Address: .....

Nature of occupation of premises at the time of the loss? .....

2.THE BREAKAGE: Date: ..... How did the damage occur? .....

Name and address of person responsible for the breakage: .....

Have you informed him that you are holding him liable? .....

What is estimated cost of: Boarding up M....., Signwriting M....., Damage to frames M.....

Burglar alarms M....., Contents of display Windows M....., Size of broken glass M.....

Have you given instructions for the replacement of the glass? ....., If yes, to whom?.....

Do you have any other insurance policy that may cover either part or all of this claim?....., If yes give details .....

### TO BE COMPLETED IN RESPECT OF ALL CLAIMS

I/We declare that the foregoing replies are true and correct.

The issue of this form is not an admission of liability.

Signature of Insured: .....

Date: .....