

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	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 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.			
Protection of Personal Information	We care about your privacy. In order to provide you with our service, we and our service providers have to process the personal information you provide us with by completing this document. We will treat this information with caution and we have put reasonable security measures in place to protect it.			

Insured's signature _____ Capacity _____ Date _____