

## GLASS CLAIM

Broker/Agent \_\_\_\_\_ Policy number \_\_\_\_\_ VAT reg. number \_\_\_\_\_

|                                |   |         |           |  |
|--------------------------------|---|---------|-----------|--|
| <b>Insured</b>                 | Name and occupation _____   |         |           |  |
|                                | Address and daytime phone number _____  |         |           |  |
| <b>Occurrence</b>              | Date and time of loss/damage _____  |         |           |  |
|                                | When was the loss/damage discovered _____   |         |           |  |
| <b>Premises</b>                | Address of premises where breakage occurred _____   |         |           |  |
|                                | Were premises occupied _____  | YES     | NO        |  |
|                                | If YES, by whom _____   |         |           |  |
|                                | Purpose for which occupied _____  |         |           |  |
| <b>Occurrence</b>              | Cause of breakage _____   |         |           |  |
|                                | Name and address of person responsible for breakage _____   |         |           |  |
|                                | Name and address of witness _____   |         |           |  |
| <b>Vehicle</b>                 | 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 _____   |         |           |  |
| <b>Details of broken glass</b> | Full description of broken glass _____  |         |           |  |
|                                | Size and thickness in millimetres _____   |         |           |  |
|                                | Cracked or shattered _____  | Cracked | Shattered |  |
|                                | Any signwriting on broken glass _____   | YES     | NO        |  |
| <b>Value</b>                   | Total value of all insured glass _____  | R       |           |  |
|                                | When last valued _____  |         |           |  |
| <b>Other insurance</b>         | Is there any other insurance covering the broken glass _____  | YES     | NO        |  |
|                                | If so, please give the name of the insurer _____  |         |           |  |
| <b>Declaration</b>             | 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 \_\_\_\_\_