

GLASS CLAIM FORM

INSURED	Name & occupation	
	Address & phone number	
OCCURRENCE	Date & time of breakage	
	Cause of breakage	
	Name & address of person responsible for breakage	
	Name & address of witness	
PREMISES	Address of premises where breakage occurred	
	Who occupies the premises?	
	Purpose for which occupied	
	Any sign writing on the broken glass?	
VEHICLE	Vehicle make, model & year	
	Registration no.	
	Is windscreen tinted or clear?	
	Is the glass cracked or shattered?	
	Full description of broken glass	
	Size & thickness in millimetres	
OTHER INSURANCE	Is there any other insurance covering the broken glass?	
	If so, give name of insurer	
DECLARATION	<p>I / We solemnly declare that the above particulars are true in every aspect</p> <p>Insured's Signature..... Capacity..... Date.....</p>	