

BOTSWANA

GLASS CLAIM FORM

Unit 8, Plot 64511, Fairgrounds, Gaborone, Botswana Private Bag 00347, Gaborone, Botswana Tel +267 399 5700 Fax +267 390 3400 Plot 644, Lobengula Avenue, Francistown, Botswana Private Bag F43, Francistown, Botswana Tel +267 399 5700 Fax +267 241 2810

Please print in block letters using black or blue ink.																																
Policy number																	C	Claim	nun	nber												
Broker/Agent																																
DETAILS OF INSURED																																
First name(s)																																
Surname														$\overline{\Box}$																		
Address																																
Day telephone number																																
DETAILS OF O	DETAILS OF OCCURRENCE																															
Date of breakage	e Y Y Y M M D D										1	Γime	of b	reak	age																	
Cause of breakage																																
Person responsible for breakage																																
WITNESSES																																
Name of witness																																
Addresses of witnessess																																
Name of witness																																
Addresses of					T									T																		
witnessess																																
DETAILS OF PE	DETAILS OF PREMISES																															
Address of premises where																																
breakage occurred																																Щ
Were premises occ	upie	qŝ																									YES				NO	
By whom?																																
Purpose for which occupied																																
,																																
DETAILS OF VEHICLE																																
Vehicle make															Re	gistr	ation	nun	nber													
Model																		١	'ear													
Windscreen	screen Tinted Clear Shatterproof										Armour plated																					
Driver's name																																
Licence number																																
Place issued																						Da	te iss	ued	Y	Y	Y	Y	М	М	D	D

DETAILS OF BROKER G	LASS													
Full description of broker glass														
Size in millimetres					Thick	ness in	millir	netres						
Cracked or shattered?														
Any signwriting on broker glas	.s?										YES		1	40
Total value of insured glass	•					Wh	en las	t value	qś 🗼	Y	Y	YM	M	D D
DETAILS OF OTHER INS	URANCE													
Is there any other insurance co	vering the broken glass?	YES	NO											
If so, give the name of insurer														
DECLARATION BY INSU	JRED PERSON													
I/We declare that to the best of	of my/our knowledge the	above stateme	nts are truly mo	ade.										
Signature of Insured Person														
Capacity														
Date Y Y Y	Y M M D D													