

Western Insurance Botswana
Private Bag BO256, Gaborone
Masa Centre
Office 1D, First Floor
Western Commercial Road
Tel: +267 3710617 Fax: +267 3710618
Email: claims@westnat.co.bw



Glass Claim Form

Details of Insured

Name of Insured: _____
Policy Number: _____
Address: _____
Phone Number: (W) _____ (H) _____ (C) _____
Broker/ Agent: _____
Email: _____ VAT number _____

Details of Incident

Date and Time of Loss _____ Cause of breakage _____
Date discovered _____ Date Reported: _____
Police Case Number _____ Police Station: _____
Chipped Cracked Shattered

Vehicle details

Make _____ Model _____ Year _____
Registration Number _____ Driver Name _____

Premises Glass Damage

Situation of Premises _____
Nature of Business _____
Description of Glass damaged _____
Damage discovered by _____
What is the Replacement Cost _____

Declarations

I/We declare that to the best of my/our knowledge the above statement is true. I acknowledge that the information set above is provided freely so that Western may process my claim and give the terms and conditions contained in the policy wording. I herewith give my consent that Western may use this information, my personal information on recorded and any additional information obtained from other sources to determine whether to accept or reject my claim, and take all necessary steps ancillary thereto to give effect hereto.

Insured's signature _____

Date

D	D	M	M	Y	Y	Y	Y
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