

GLASS CLAIM FORM

This claim form must be completed in its entirety in order for the claim to be correctly and speedily settled.

Insurer		
		Policy No: _____
BROKER/AGENT		
Insured	Name and occupation	
	Address and (day) Tel: No.	
Occurrence	Date and time of breakage	
	Cause of breakage	
	Name and address of person responsible for breakage	
	Name and address of witness	
Premises	Address of premises where breakage occurred.	
	Where premises occupied? By whom?	
	Purpose for which occupied?	
Vehicle	Vehicle make and registration No.	
	Model and year	
	Windscreen tinted or clear and shatterproof or armour plate?	
	Driver's name and licence no. Place and date of issue	
Details of broken glass	Full description of broken glass	
	Size and thickness in millimetres	
	Cracked or shattered	
	Any signwriting on broken glass?	
Value	Full description of broken glass	
	Size and thickness in millimetres	
Other Insurance	Full description of broken glass	
	Size and thickness in millimetres	
Payment method	<p>You may select, for added security, payment of any amount due to you directly into a bank account. Please specify the name of the bank, branch, name of account and account number.</p> <p>Name of bank _____ Branch Code _____</p> <p>Name of account _____ Account number _____</p>	
DECLARATION	<p>I/We acknowledge the sharing of claim information by insurers is essential to enable the insurance industry to underwrite policies and assess risks fairly and to reduce the incidence of fraudulent claims. In the public interest and with a view to limiting premiums, I/We hereby waive any right to privacy in any insurance or claim information supplied by me or in my behalf in respect of any insurance application or claim made or lodged by me/us and I/We consent to such information being disclosed to any other insurance company or its agent. I/We also waive any rights to privacy and consent to disclosure of any information relevant to any insurance claim concerning me or any insured person I/We represent.</p> <p>I/We declare that all the particulars to be true and correct in every respect and I/We understand that if any claim lodged under this policy be in any respect fraudulent or if any fraudulent means or devices be used by me/us/our or anyone acting on my/our behalf or with my knowledge or consent to obtain any benefit under this policy or if any event be occasioned by the wilful act or with the connivance of me/us, the benefits afforded under this policy in respect of such claim shall be forfeited.</p> <p>Insured's Signature _____ Capacity _____ Date _____</p>	