

WARNING: INSURANCE FRAUD IS A CRIME
GLASS CLAIM FORM

Policy No.....Company Name:.....

INFORMATION TO BE SUPPLIED BY THE INSURED (PLEASE ANSWER QUESTIONS FULLY)

Title..... First Name Surname

Identity No.....

Physical Address..... Postal Address.....

Email address (i) Business (ii) Home Occupation

Contact Telephone Numbers.....

TO BE COMPLETED IN RESPECT OF MOTOR VEHICLE GLASS CLAIMS ONLY

2. THE VEHICLE

Make/ModelRegistration Number Year of Manufacture.....

3. THE DRIVER AT THE TIME OF ACCIDENT

Name Age.....

Address Postal Address

TELEPHONE NUMBERS (i) Business (ii) Home Occupation.....

Licence Number Date of issue Place of issue

4. THE BREAKAGE

DatePlace Description of damage

How was glass damaged?

.....Cost of repairs.....

Have instructions for replacement been given? Name of repairer

TO BE COMPLETED IN RESPECT OF ALL OTHER GLASS CLAIMS

5. THE PREMISES

Address ,.....

For what purpose was the premises being used at the time of the loss or damage?

.....

Do you own or rent the property?

6. THE BREAKAGE

Date Cause

Size of glass brokenCost of repairs.....

Have you given instructions for the replacement of the glass?

Name and address of the person responsible for the breakage

How was the glass damaged.....

.....

What action has been taken against the person who caused the breakage?

.....
.....**Attach such proofs and evidence of action taken against person who caused the breakage**

7. **MUST ALWAYS BE COMPLETED**

I/We warrant the truth of the answers to the above questions and I/We declare that no information has been withheld and that the amount claimed represents my/our loss arising from the above stated occurrence.

Date

Signature.....

THE ISSUE OF THIS FORM IS NOT AN ADMISSION OF LIABILITY