

**GLASS CLAIM FORM**

Policy No.....

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

1. **THE INSURED** ..... Identity No .....  
Name ..... Date of birth .....  
Address.....  
Postal Address.....  
TELEPHONE NUMBERS (i) Business ..... (ii) Cell ..... Occupation .....

**TO BE COMPLETED IN RESPECT OF MOTOR VEHICLE GLASS CLAIMS ONLY**

2. **THE VEHICLE**  
Make .....Registration Number ..... Year of Manufacture.....
3. **THE DRIVER AT THE TIME OF ACCIDENT**  
Name ..... Date of Birth.....  
Address ..... Postal Address .....  
TELEPHONE NUMBERS (i) Business ..... (ii) Cell..... Occupation.....  
License Number ..... Date of issue ..... Place of issue .....

**IDENTITY BOOK MUST BE PRODUCED ON REQUEST**

Has he previously been involved in a motor vehicle accident? ..... If so, give details .....  
.....  
.....

4. **THE BREAKAGE**  
Date .....Place ..... Description of damage .....  
How was glass damaged? .....  
.....  
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 it 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 broken .....

Have you given instructions for the replacement of the glass? .....

Name and address of the person responsible for the breakage .....

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Have you informed him that you are holding him liable? .....

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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**