

GLASS CLAIM FORM

INSURER		POLICY NUMBER	VAT REG NUMBER
INSURED	Name & occupation		
	Address & Phone No.		
OCCURRENCE	Date & Time of Breakage		
	Cause of Breakage		
	Name & address of person responsible for breakage		
	Name & address of witnesses		
PREMISES	Address of premises where breakage occurred		
	Were premises occupied?		
	If so, by whom?		
	Purpose for which occupied		
VEHICLE	Vehicle make		
	Registration No.		
	Model		
	Year		
	Windscreen tinted or clear		
	Windscreen shatterproof or armour plate		
	Drivers Name		
	Licence No.		
	Place and date of issue of licence		
DETAILS OF BROKEN GLASS	Full description of broken glass		
	Cracked or Shattered?		
	Any sign writing on the broken glass?		
OTHER INSURANCE	Is there any other insurance covering the broken glass?		
	If so, give name of insurer		
<p>DECLARATION & STATEMENT</p> <p>I/We acknowledge the sharing of claims 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 waive any right to privacy in any insurance or claims information supplied by me or on 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 the disclosure of any information relevant to any insurance claim concerning me or any insured person I/We represent.</p> <p>I/We further declare that all particulars to be true in every respect and correct 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 or anyone acting on my/our behalf or with my/our 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 benefit afforded under this policy in respect of such claim shall be forfeited.</p>			
<p>_____</p> <p>Insured's Signature</p>		<p>_____</p> <p>Capacity</p>	<p>_____</p> <p>Date</p>