

## Glass Claim Form

<b>INSURER</b>	
<b>POLICY NUMBER</b>	
<b>INSURED</b>	
Company/Insured's Name	
Business/Occupation	
Address and Contact details: i.e. Tel, Cell and Email Address	
Company Registration/ CK No. and VAT No.	
Insured's I.D. Number	
Date and time of breakage	
Cause of breakage	
Name and address of person responsible for the breakage	
Where the premises occupied and if so, by whom?	
Purposes for which occupied	
Description of broken glass	
Size and thickness in millimetres	
Cracked or shattered?	
Any sign-writing on glass?	

Is there any other insurance covering the broken glass? If so, provide name of Insurer.	
Total value of glass and date of last valuation	
<b>DECLARATION</b>	
I/we declare that to the best of my/our knowledge the above statements are truly made.	
Signature of Insured: _____	
Capacity: _____	
Date: _____	