

GLASS INSURANCE CLAIM FORM

VAT No.

Policy No. Claim No.

Branch or Agent

1. Name		Telephone No.	
Email Address		Cell No.	
Address (including Postal Code)			
Address where breakage occurred			
2. Date and time of breakage			
3. Cause of breakage (State as fully as possible).			
4. By whom was breakage caused?			
5. Names and addresses of any witnesses			
6. (1) Are you claiming as tenant or owner? (2) If as tenant, are you by terms of lease responsible for repairs?			
7. Are premises at present occupied?			
8. How are you given instructions for replacement? If not: (1) Do you wish the company to do so? (2) Is immediate replacement required? or (3) would you prefer to have an undertaking to effect replacement when convenient to you?			

9. PARTICULARS OF BREAKAGE

Number of Squares	Whether Cracked or Broken out	Is Glass in a Conservatory, Greenhouse, Varandah or Outbuilding	Kind of Glass Broken	Size in inches		Whether Cracked or Broken out
				Height	Width	

I/ We hereby declare to the best of my/our knowledge and belief the foregoing particulars are true and correct.

Date	Signature
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