

GLASS CLAIM FORM



Cape Town: Telephone +27(0)86 110 5799 Facsimile+27(0)86 5000 888

Gauteng: Telephone +27 (0)86 110 5799 Facsimile +27 (0)86 500 2071

Insurance Broker		Versekerings Maakelaar
Policy Number		Polis Nommer
Name & Occupation		Naam & Beroep
Address & (Day) Tel No		Adres en Tel No (Dag)
Date & time of breakage		Datum en Tyd van breekskade
Name & Address of person responsible		Naam en Adres van verantwoordlike persoon
Names & address of witnesses		Naam en Adres van getuies
Address of premises where damage occurred		Adres van perseel waar breekskade plaasgevind
Purpose for which occupied		Vir watter doel is die perseel gebruik ?
Were premises occupied at the time		Was perseel bewoon
Occupied by Whom?		Deur Wie bewoon?
If not occupied, when last occupied		In dien nie bewoon nie waneer laas bewoon?
Full Description of glass		Volledige beskrywing van gebreekte glas?
Size and thickness in millimetres		Groote en Dikte in millimeter
Glass cracked or Shattered		Glas gekraak of versplinter?
Any signwriting on broken glass		Enige skilderwerk op gebreekte glas?
Total Value glass (not claim value)		Totale waarde van alle versekerde glas.
When was glass last valued		Wanneer is dit gewaardeer?
Is the broken glass insured else where ?		Dek enige ander versekering die glas
If so, provide name of Insurer.		Indien wel, meld naam van versekeraar
Please provide full description of how loss or damage occurred	----- ----- -----	Gee asseblief volle besonderhede hoe breekskade ontsaan
S A Police Station reported		S.A Polisie Stasie geraporteer
S.A. Police case reference number		S A Polisie se Saak Nommer.
Banking Details of Insured/Policy Holder		
Name Of Bank		
Name of Branch		
Account Holder		
Account Number		
Account Type		
I/We solemnly declare that the above particulars are true in every respect. Ek/Ons verklaar dat die bogemelde besonderhede in elke opsig waar is.		
Insured's signature Versekerede se handtekening.	Capacity Hoedanigheid	Date Datum
