

Botswana Insurance Company Limited

GABORONE OFFICE
P.O. Box 715 Gaborone, Botswana
BIC House,
Plot 50372, Gaborone Business Park,
Gaborone Show Grounds,
GABORONE
Tel: (267) 3600 500,
Fax: (267) 3972 867

FRANCISTOWN OFFICE
Botswana Insurance House
454/5 St Patrick Street
P.O. Box 451
FRANCISTOWN
TEL: (0267) 2413 623
FAX: (0267) 2412 291

GLASS CLAIM FORM

ALSO FOR WINDSCREEN CLAIMS

Policy No:.....

Claim No:.....

It is most important that full particulars be given as otherwise much delay, inconvenience and unnecessary correspondence may arise for which the Company cannot be responsible.

Name of insured:	
Postal address:	
Telephone Number (home):	
Telephone Number (business):	

1. Time and date of breakage	
2. Cause of breakage (Give fullest particulars of how breakage occurred.)	
3. State the name and address of the person by whom broken and of his employment if any.	
4. State the name and address of all witnesses of the breakage	
5. Is the glass insured with any other company? If so state which company	

This next 6 questions apply to glass breakage at PREMISES only

1. Situation of premises (Give number and name of street)		
2. Business carried on therein and name of tenant or firm	No. of panes Position	Size in centimetres Give rough sketch showing damage
3. Particulars of glass damaged (as described in policy)		
4. Is the glass cracked or smashed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Did the window require to be boarded up	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. Will any signwriting have to be replaced?		

The next 3 questioned apply to WINDSCREEN breakage only.

1. Particulars of insured vehicle	Make	Year of constr. 20
	Reg. No.	
2. Has the windscreen been shattered or dracked?		
3. Was the windscreen tinted or clear?		

I declare that the above particulars are true and correct.

Date:..... **Signature:**.....