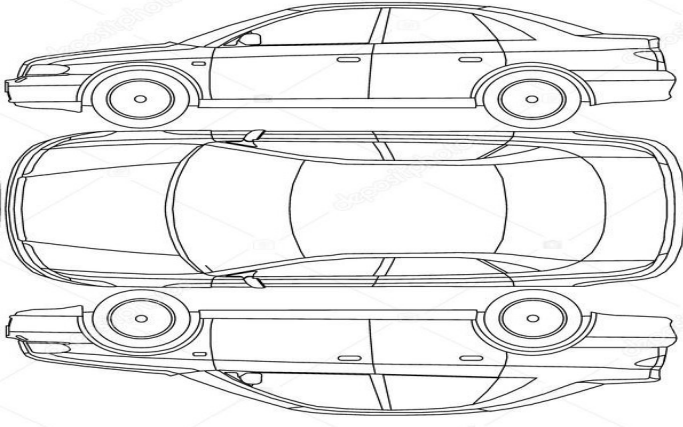


GLASS CLAIM FORM

INSURED	Full Name	
	Postal Address	
	Contact Number	
OCCURRENCE	Date & time of breakage	
	Cause of breakage	
	Name & address of person responsible for breakage	
	Name & address of witness	
Are you calming a windscreen or glass on your building?		
FOR BUILDINGS ONLY	Address of premises/building where breakage occurred	
	Who occupies the premises?	
	Purpose for which occupied	
	Any sign writing on the broken glass?	
FOR VEHICLES ONLY	Vehicle make, model & year	
	Registration no.	
	Is windscreen tinted or clear?	
	Is the glass cracked or shattered?	
	Full description of the incident	
	Vehicle chassis number	
SKETCH		
OTHER INSURANCE	Is there any other insurance covering the broken glass?	
	If so, give name of insurer	

DECLARATION

I / We solemnly declare that the above particulars are true in every aspect