



Luanne Richard & Associates  
Authorised Financial Service Provider  
FSP Number 44976

## GLASS CLAIM FORM

INSURED	Name and occupation	
	Address and (day) Tel. No..	
OCCURRENCE	Date and time of breakage	
	Cause of breakage	
	Name and address of person responsible for breakage	
	Name and address of witness	
PREMISES	Address of premises where breakage occurred	
	Were premises occupied? By whom?	
	Purpose for which occupied?	
VEHICLE	Vehicle make and registration no.	
	Model and year	
	Windscreen tinted or clear and shatterproof or armour plate?	
	Driver's name and licence no./ Place and date of issue	
DETAILS OF BROKEN GLASS	Full description of broken glass	
	Size and thickness in millimetres	
	Cracked or shattered?	
	Any signwriting on broken glass?	
VALUE	Total value of all insured glass	
	When last valued?	
OTHER INSURANCE	Is there any other insurance covering the broken glass?	
	If so, give the name of insurer	
DECLARATION	I/We solemnly declare that the above particulars are true and complete in every respect.	
	Insured's signature	<input type="text"/> Date <input type="text"/>
	Capacity	<input type="text"/>