



Holburn Insurance Brokers

Unit 4 Tasica House, 12 Charles Way, PO Box 497, Kloof 3640 | Tel 031 764 3870 | Fax 086 521 4377 | www.holburn.co.za
Established 1983 | FSP Licence No. 30634

GLASS CLAIM FORM

INSURED	Name & occupation		
	Address		
	Telephone number	(H)	(W)
OCCURRENCE	Date and time of breakage		
	Cause of breakage		
	Name & address of person responsible, if applicable		
	Names & address of Witnesses		
PREMISES	Address of premises where breakage occurred		
	Were premises occupied? If so, by whom?		
	Purpose for which occupied		
VEHICLE	Vehicle:	Make/Type	Registration No.
	Model & year		
	Windscreen tinted or clear?		
	Drivers name and license details		
DETAILS OF BROKEN GLASS	Full description of broken glass		
	Cracked or shattered?		
	Any sign writing on broken glass?		

I / We hereby declare the foregoing particulars to be true in every respect:-

Signature of Insured Capacity Date

THE ISSUE OF THIS FORM IS NOT AN ADMISSION OF LIABILITY