OLDMUTUAL

BOTSWANA

GLASS CLAIM FORM

Unit 8, Plot 64511, Fairgrounds,
Gaborone, Botswana
Private Bag 00347, Gaborone, Botswana
Tel +267 399 5700
Fax +267 390 3400

Plot 644, Lobengula Avenue,
Francistown, Botswana
Private Bag F43, Francistown, Botswana
Tel +267 399 5700
Fax +267 241 2810

Please print in block letters using black or blue ink.

Policy number | Claim number

Broker/Agent

DETAILS OF INSURED

First name(s)

Surname

Address

Day telephone number

DETAILS OF OCCURRENCE

Date of breakage (Y Y Y Y M M D D) | Time of breakage

Cause of breakage

Person responsible for breakage

WITNESSES

Name of witness

Addresses of witnessess

Name of witness

Addresses of witnessess

DETAILS OF PREMISES

Address of premises where breakage occurred

Were premises occupied? YES ☐ NO ☐

By whom?

Purpose for which occupied

DETAILS OF VEHICLE

Vehicle make | Registration number

Model | Year

Windscreen Tinted ☐ Clear ☐ Shatterproof ☐ Armour plated ☐

Driver's name

Licence number

Place issued | Date issued (Y Y Y Y M M D D)

DETAILS OF BROKER GLASS

Full description of broker glass

Size in millimetres

Thickness in millimetres

Cracked or shattered?

Any signwriting on broker glass? YES NO

Total value of insured glass P

When last valued? Y Y Y Y M M D D

DETAILS OF OTHER INSURANCE

Is there any other insurance covering the broken glass? YES NO

If so, give the name of insurer

DECLARATION BY INSURED PERSON

I/We declare that to the best of my/our knowledge the above statements are truly made.

Signature of Insured Person

Capacity

Date Y Y Y Y M M D D