Hollard
H I B

HOLLARD INSURANCE BOTSWANA
(REG. NO. 2005/654)

GLASS CLAIM FORM

BROKER/AGENT	
POLICY No.	
VAT REGISTRATION NUMBER	

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 witnesses	
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 decription 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 name of insurer	

Declaration

I/We solemnly declare that the above particulars are true and complete in every respect.

Insured's signature _____ Capacity _____ Date _____