|  |  |  |  |
| --- | --- | --- | --- |
|  | Polis nr. | Policyno. |  |
| Eis nr. | Claimno. |
| Broker |  | Makelaar |
| Insured | Name |  | Naam | Versekerde |
| Occupation |  | Beroep |
| Address |  | Adres |
|  |
| Day Telephone No. |  | Dag Telefoon Nr. |
| Occurrence | Date And Time Of Breakage |  | Datum En Tyd Van Breek Skade | Gebeurtenis |
| Cause Of Breakage |  | Oorsaak Van Breek Skade |
| Name Of Person Responsible For Breakage |  | Naam Van Person Wat SkadeVeroorsaak Het |
| Address Of Person Responsible For Breakage |  | Adres Van Persoon Wat SkadeVeroorsaak Het |
|  |
| Names Of Witnesses |  | Name Van Getuie |
| Addresses Of Witnesses |  | Addresse Van Getuies |
|  |
| Premises | Address Of Premises Where Breakage Occurred |  | Adres Van Perseel Waar Skade Plaasgevind Het | Perseel |
| Were Premises Occupied? By Whom? |  | Was Perseel Bewoon?Deur Wie? |
| Purpose For Which Occupied |  | Met Watter Doel Was Die PerseelGebruik? |
| Vehicle | Vehicle Make And Registration No. |  | Voertuig Fabrikaat En Registrasie Nr. | Voertuig |
| Model And Year |  | Model En Jaar |
| Windscreen Tinted Or Clear And Shatter Proof Or Amour Plate |  | Windskerm Gekleur Of Nie En Splinter Vry Of Wapenrusting Plaat? |
| Driver’s Name And Licence No. |  | Naam Van Bestuurder En Rybewys Nr. |
| Place And Date Of Issue |  | Plek En Datum Uitgeriek |
| Details Of Broken Glass | Full Description Of Broken Glass |  | Volledige Beskrywing Van Gebreekte Glas | Besonderhede Van Gebreekte Glas |
| Size And Thickness In Millimetres |  | Grootte En Dikte In Millimeters |
| Cracked Or Shattered? |  | Gekraak Of Heeltemal Verpletter? |
| Any Sign Writing On Broken Glass? |  | Enige Skilder Werk Op Gebreekte Glas? |
| Value | Total Value Of All Insured Glass |  | Totale Waarde Van Alle Versekerde Glas | Waarde |
| When Last Valued? |  | Wanneer Laas Is Dit Gewaardeer? |
| Other Insurance | Is There Any Other Insurance Covering The Broken Glass? |  | Is Daar Enige Ander Versekering WatDie Gebreekte Glas Dek? | AnderVersekering |
| If So, Give Name Of Insurer |  | Indien Wel, Meld Naam Van Versekeraar |
| Declaration | Ek / Ons Verklaar Dat Na My / Ons Beste Wete Die Bostaande Verklarings Juis Afgelê Is.I / We Declare That To The Best Of My / Our Knowledge The Above Statements Are Truly Made.Versekerde Se Handtekening Hoedanigheid DatumInsured’s Signature………………………………………………………………Capacity……………………………………………...Date……………………………………………. | Verklaring |

 **Glass Claim Form | Glas-Eis Vorm**