OLEA
INSURANCE SOLUTIONS AFRICA

GLASS CLAIM

Broker/Agent: _____ Policy number: _____ VAT reg. number: _____

Insured	Name and occupation:	
	Address:	
	Daytime phone number:	
Occurrence	Date and time of loss/damage:	
	When was the loss/damage discovered:	
Premises	Address of premises where breakage occurred:	
	Were premises occupied?	Please select
	If Yes, by whom?	
	Purpose for which occupied:	
Occurrence	Cause of breakage:	
	Name and address of person responsible for breakage:	
	Name and address of witness:	
Vehicle	Vehicle make and registration number:	
	Model and year:	
	Windscreen tinted or clear and shatterproof or armour plate:	
	Driver's name and licence number:	
	Place and date of issue:	
Details of broken glass	Full description of broken glass:	
	Size and thickness in millimetres:	
	Cracked or shattered?	Please select
	Any signwriting on broken glass?	Please select
Value	Total value of all insured glass:	R
	When last valued:	
Other insurance	Is there any other insurance covering the broken glass?	Please select
	If so, please give the name of the insurer:	
Declaration	I/We warrant that the answers given are true and correct. All details provided on this form are done so honestly and in good faith. This means that the Insurer has been made aware of all important information and that any incorrect information may mean that the claim may be rejected and the policy cancelled.	
Protection of Personal Information	We care about your privacy. In order to provide you with our service, we and our service providers have to process the personal information you provide us with by completing this document. We will treat this information with caution and we have put reasonable security measures in place to protect it.	

_____ _____ _____

Insured's signature Capacity Date