



# Holburn Insurance Brokers

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FSP Licence No. 30634

Established 1983



Financial Intermediaries Association  
of Southern Africa

## 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?		

**THE ISSUE OF THIS FORM IS NOT AN ADMISSION OF LIABILITY**