

NICOZDIAMOND INSURANCE COMPANY (PVT) LTD

WARNING: INSURANCE FRAUD IS A CRIME

GLASS CLAIM FORM

Policy No.....

INFORMATION TO BE SUPPLIED BY THE INSURED (PLEASE ANSWER QUESTIONS FULLY)

1. Title..... First Name Surname
Identity No..... Bank Account No
Marital Status Date of Birth
Address.....
Postal Address.....
TELEPHONE NUMBERS (i) Business (ii) Home Occupation

TO BE COMPLETED IN RESPECT OF MOTOR VEHICLE GLASS CLAIMS ONLY

2. **THE VEHICLE**
MakeRegistration Number Year of Manufacture.....
3. **THE DRIVER AT THE TIME OF ACCIDENT**
Name Age.....
Address Postal Address
TELEPHONE NUMBERS (i) Business (ii) Home Occupation.....
Licence Number Date of issue Place of issue

IDENTITY BOOK MUST BE PRODUCED ON REQUEST

Has he previously been involved in a motor vehicle accident? If so, give details

4. **THE BREAKAGE**
DatePlace Description of damage
How was glass damaged?
Have instructions for replacement been given? Name of repairer

TO BE COMPLETED IN RESPECT OF ALL OTHER GLASS CLAIMS

5. **THE PREMISES**
Address
For what purpose was it being used at the time of the loss or damage?
Do you own or rent the property?
6. **THE BREAKAGE**
Date Cause
Size of glass broken
Have you given instructions for the replacement of the glass?
Name and address of the person responsible for the breakage
Have you informed him that you are holding him liable?

MUST ALWAYS BE COMPLETED

I/We warrant the truth of the answers to the above questions and I/We declare that no information has been withheld and that the amount claimed represents my/our loss arising from the above stated occurrence.

Date Signature.....

THE ISSUE OF THIS FORM IS NOT AN ADMISSION OF LIABILITY