

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.....
- Email address.....
- TELEPHONE NUMBERS (i) Business (ii) Mobile 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
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- Have you informed him that you are holding him liable?

7. 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