



S P E C T R U M
Since 1976

GLASS CLAIM

Insurance Company

Policy number

INSURED

Name ID No Phone No

Address

OCCURRENCE

Date Time Place

Details

Was there a witness ? Name Tel

PREMISES

Were premises occupied ? If so, by whom ?

VEHICLE

Make and Model Year Reg. No

Drivers License No Date Place Code

GLASS

Windscreen Tinted ? Description of broken glass

Cost of repair / replacement

OTHER INSURANCE Is there any other insurance covering this loss ? Insurer

BANKING DETAILS FOR CLAIM PAYMENT

Account holder Bank Name

Account number Branch Branch Code

DECLARATION

I hereby declare that all the details in this document are true and correct.

Insured signature

Date