

GLASS CLAIM FORM

Policy Number																
VAT Registration Number																

INSURED	Name																	
	Occupation																	
	Address											(Day) Tel. no.						

OCCURRENCE	Date of breakage	DD	MM	YY	YY	Time of breakage	HH	MM								
	Cause of breakage															
	Name and address of person responsible for breakage															
	Name and address of witnesses															

PREMISES	Address of premises where breakage occurred															
	Were premises occupied?	No	☐	Yes	☐	If Yes, By whom?										
	Purpose for which occupied															

VEHICLE	Vehicle make					Registration no.										
	Model					Year										
	Windscreen tinted or clear and shatterproof or amour plate?															
	Driver's name															
	Licence no.			Place Issued					Date issued	DD	MM	YY	YY			

DETAILS OF BROKEN GLASS	Full description of broken glass															
	Size and thickness in millimetres									Cracked or shattered?						
	Any signwriting or broken glass?															

VALUE	Total value of all insured glass	BWP:					When last valued?	DD	MM	YY	YY
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OTHER INSURANCE	Is there any other insurance covering the broken glass?	No	☐										
		Yes	☐	If so, give name of insurer									

DECLARATION

I/We solemnly declare that the above particulars are true and complete in every respect. By signing below, I agree and voluntarily consent to Sesiro's processing of the provided Information for the purposes of processing my claim, and I give Sesiro permission to do so, and any personal data (including sensitive personal data) will be processed in accordance with Sesiro's privacy policy available on its website, and I further understand that I am free to withdraw my consent on written notice to Sesiro, on legitimate grounds which are reasonable and compelling. I agree that the Information may be disclosed by Sesiro to third parties, including Sesiro's affiliates, service providers and associates (some of which may be located outside of Botswana).

Insured's Signature: _____

Capacity: _____

DD / MM / YYYY

Date: _____



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