Hollard Insurance Company of Namibia Ltd
PO Box 5077, Ausspannplatz, Windhoek. Tel: (061) 371300, Fax: (061) 371349
PO Box 1016, Otjiwarongo. Tel: (067) 304540, Fax: (067) 304401
PO Box 642, Mariental. Tel: (063) 243388, Fax: (063) 243389
PO Box 3477, Walvisbay. Tel: (064) 206211, Fax: (064) 206379

MOTOR / FLAT GLASS CLAIM FORM

(TO BE COMPLETED AND SIGNED BY CLAIMANT)

Insured Name		Policy Number	
Insured Address		Contact Number	
Agent Name & No		Agent Reference	

PARTICULARS OF CLAIM

When did the loss occur? Date ____ Time ____ AM PM

What was the cause of the loss or breakage?

Name & address of person responsible for loss?

Is there any other insurance covering the glass? YES NO

If Yes, state Company Name.

PARTICULARS OF PREMISES (IF APPLICABLE)

Address of premises where breakage occurred.

Were premises occupied? YES NO

If Yes, by whom and for what purpose?

PARTICULARS OF VEHICLE (IF APPLICABLE)

Make and Model

Registration Number

Detail of Windscreen (tick applicable block(s)) Tinted Clear Shatterproof Armour Plate

Driver Name

Driver's License Number, place and date of issue.

DECLARATION

I/we warrant and declare that the particulars given above are true in every respect and that I/we have not withheld any information whatsoever in connection with the claim.

SIGNATURE OF CLAIMANT ____ Date ____

This form should be completed fully without delay and forwarded to the Company at one of the above addresses or your broker / agent.
The issue of this form does not imply an admission of liability.

SUPPLIER USER ONLY

Premium confirmed YES NO By Whom? ____

Comprehensive Cover? YES NO Excess: ____