



PROPERTY GLASS CLAIM FORM

Insured	Name: Policy Number: Address and daytime contact:	
Occurrence	Date: Cause of the damage: Address where damage occurred:	
Contact Name and Details of Person to arrange repair/replacement:		
Details of broken glass (mark with an X where applicable) (please attach photo of damaged glass)		
Description of broken glass:		
Size and thickness in millimetres:		
Is the Glass:	Cracked	Shattered
Is there any signwriting on the broken glass:	YES	NO
Total Value of Insured glass:		
When was the glass last valued:		
Is there any other insurance covering the broken glass:	YES	NO

I/We warrant that the answers given are true and correct.

All details provided on this form are done so honestly and in good faith. This means that Apio Risk Services has been made aware of all important information and that any incorrect information may mean that the claim may be rejected and the policy cancelled.

Signature

Capacity

Date

connected insurance

T (011) 799 6400

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Apio Risk Services PTY LTD is an authorised Financial Services Provider | FSP 44335

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