

P. O. Box 403200,
3rd Floor, North Tower
430 Square, CBD
Western Commercial Road
Tel: +267 3960214
Email: info@lordsinsure.co.bw



Glass Claim Form

Insureds' Details

Name of Insured:	<input type="text"/>	Policy Number:	<input type="text"/>
Claim Number:	<input type="text"/>	Broker/Agent:	<input type="text"/>
Phone Number: (W)	<input type="text"/>	(H)	<input type="text"/>
		(C)	<input type="text"/>
Physical Address:	<input type="text"/>		
Postal Address:	<input type="text"/>	Email:	<input type="text"/>
Vat Number:	<input type="text"/>		

Details of Incident

Date and Time of incident	<input type="text"/>	<input type="text"/>
Cause of Breakage	<input type="text"/>	

Witness 1

Name & Address

Date Discovered

Police Case Number:

Witness 2

Name & Address

Date Reported

Police Station

Details of Premises

Address of premises where breakage occurred	<input type="text"/>
Were premises occupied?	Yes <input type="checkbox"/> No <input type="checkbox"/>
By Whom?	<input type="text"/>
Nature of Business	<input type="text"/>
Damage discovered by	<input type="text"/>

Details of Vehicle

Vehicle Make	<input type="text"/>	Model	<input type="text"/>
Year	<input type="text"/>	Registration Number	<input type="text"/>
Drivers Name	<input type="text"/>	Licence Number	<input type="text"/>
Windscreen	Clear <input type="checkbox"/> Tinted <input type="checkbox"/>	Shatterproof	<input type="checkbox"/>

Details of broken glass

Full description of broken glass	<input type="text"/>		
Size in millimetres	<input type="text"/>	Thickness in millimetres	<input type="text"/>
Any signwriting on broken glass?	Yes	No	
Is the glass	Chipped	Cracked	Shattered
Value of Insured Glass	<input type="text"/>		

Declarations

- I/We declare that to the best of my/our knowledge the above statement is true.
- I acknowledge that the information set above is provided freely so that Lords Insurance may process my claim and give the terms and conditions contained in the policy wording.
- I herewith give my consent that Lords Insurance (Pty) Ltd may use this information, my personal information on recorded and any additional information obtained from other sources to determine whether to accept or reject my claim and take all necessary steps ancillary thereto to give effect hereto.

Name & Surname

Signature

Date

Consent Form - Data Protection and Confidentiality

Lords Insurance (Pty) Ltd is committed to protecting your personal information in accordance with Data Protection Act (2024). All personal information provided by you will be treated with high level of confidentiality and solely for purpose related to your insurance policy.

We will not disclose your personal information to any third party without your consent, except in the following cases,

1. When required or permitted by law or regulatory authorities.
2. For the purpose of administering your policy, including claims processing and risk assessment.
3. Where necessary to protect the legitimate interest of Lords Insurance (Pty) Ltd, provided such disclosure is compliant with Data Protection Act (2024).⁴

By accepting this contract, you consent to the collection, processing and sharing of your personal information as outlined above.

If you wish to update or request access to your personal data, please contact our Data Protection Officer at:

Tel: +267 3960214

Email: info@lordsinsure.co.bw

Client Name:

Client Signature:

Date: