

PLATE GLASS POLICY CLAIM FORM

Please note that the issue of this claim form is not to be taken as an admission of liability

ANSWER ALL QUESTIONS AND FULLY

Policy No: _____ Z.O/B.O _____ Claim No. _____

Insured Details:

1. Name of Insured (in full): _____
2. Address: _____

3. Occupation: _____

Loss Details:

1. Address of Premises where glass was fitted (Please state the precise position of the glass)

2. a. Date and time of Loss? _____
- b. Name of the person who noticed the loss first? _____
3. Cause of Loss?

4. Brief Details of Glass Broken

List of the damaged plate glass

No of panes	Kind of Glass (E.g.: f.i. mirror, ornament glass, etc.)	Measurement in cm	Is the Frame also damaged	Specify from where glass was damaged (f.i. door, window, mirror, table plates)

5. Kind of damage? Breakage of glass (whole or crack) ☐ Scratches ☐ Others ☐ , Then please describe the details

6. Name & Address of person, if any, involved in causing breakage?

7. Was he in any way employed by the Insured?

Loss Amount:

1. What is the amount of loss? _____
2. Extent of damage (Attach estimate for repairing / replacement of the damaged Plate Glass)?

Miscellaneous Information:

1. Is there any other Insurance against the present loss under any other Policy? If so, give full particulars.

Declaration

I/We hereby to the best of my/our knowledge and belief, warrant the truth of the above details in every respect. I/We agree that if we have made already or if I/We make in any of my/our further statements in respect of the said incident any false or fraudulent declarations or suppress or conceal any material fact, the Policy shall be void and all rights of compensation in respect of the present or future accident shall be forfeited.

Witness _____
(Signature)

Insured's Signature _____

Name _____

Date: _____

Date _____

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