

PLATE GLASS INSURANCE

CLAIM FORM

The issue of this form does not constitute admission of liability. Please return the form completed within Fourteen days of the loss together with the relevant vouchers, documents etc.

Policy No		Claim No.	
		Date of registration	
Area Office code/ Service Centre code			
Broker/ Agent name & code		Code	
1. Name of the Insured			
2. Customer ID			
3. Address of the Insured		Plot No/Door No.	Building name
		Road	
		Area	
		City	Pin code
		State	
		Phone No.	
		E-mail Id	
4.	Address where glass is situated (Please state the precise position of the glass)		
5.	Size of the plate broken		
6.	Cause of breakage		
7.	Date of breakage		
8.	Name and address of the person responsible for breakage, if any		
9.	Was he in any way employed by the insured?		

I hereby declare that the foregoing statements are made by myself and are true in all respects and that I have not attempted to conceal from the Company anything with which it ought to be made acquainted.

Witness _____ Signature of Claimant _____

Place _____ Date _____