

Bajaj Allianz General Insurance Company Limited

Regd. Office & Head Office : GE Plaza, Airport Road, Yerwada, Pune - 411 006

NOTIFICATION OF PLATE GLASS CLAIM

Agent / Broker Claims No. : _____

No. of Insurance Policy

Day of loss, Location of the damage (full address)
 Date
 Time

Name of Insured (Complete in BLOCK LETTERS)

Street and House No.

Postal Code, Location

Phone Fax No.

E-mail _____

- Cause of loss**
- Carelessness (Insured/ relatives / employees) Storm/hail (not a draught) Burglary Fire, Explosion
 Third party faults (name and address) other causes, please describe

List of the damaged plate glass

No. of panes	Kind of glass eg. mirror, ornament glass, etc.	Measurement in cm	Is the frame also damaged	Specify from where glass was damaged (eg. door, window, mirror, table plates)
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	

Kind of damage Breakage of glass (whole or crack) Scratches Others
 and please describe

Glass for residential premises, please answer following

Kind of building Single house Dwelling block

If premises of commercial nature, please answer

Nature of business (eg. hotel, jewellery etc.)

Use of premises (eg. shop, office, warehouse etc.)

Price paid ?

Cost of repair / replacement ?

Please give details

Is there any indemnification from other policies for the damaged property ? Yes No.

If yes, please mention name and address of the Insurer

Policy No.

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I hereby declare that the foregoing statements are 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

Occupation

Address

Signature of the Insured

Date

D	D	M	M	Y	Y
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Space for Additional Details :

Documentation (only for company staff)

Agreement with the Insured

Quantum of loss / reserve