



PLATE GLASS INSURANCE CLAIM FORM

(The completed claim form should be returned to the Issuing Office of the Company within 7 days of the receipt. The Company does not admit liability by issuing this form)

1.	Details of the Insured	
(i)	Name	
(ii)	Address	
(iii)	Policy Number	
(iv)	Claim Number	
(v)	Agency Code	
(vi)	Contact Number	
2.	Breakage occurred on my/our premises situated at	
3.	Kind of Glass Broken	
4.	Whether Window, Door, etc...	
5.	Size of damaged glass	
6.	Date of breakage	
7.	State cause as far as possible	



8.	If willful, or by Stones, Motor Vehicles, Carts, etc...has application been made for recovery of the amount damage?	
9.	Cost of Replacements	

I declare the conditions of my Insurance have been fully complied with and that I will act in accordance therewith. I therefore claim the Company in respect of such breakage, according to the terms of my policy.

Date:

Place:

Signature of the Insured: