

CLAIM FORM FOR PLATE GLASS INSURANCE

The issue of this form is not to be taken as an admission of liability

Policy No. _____

Period: _____

Claim No.: _____

1. Name of the Insured:
2. Address:
3. Address where glass situated (Please state the precise position of the glass)
4. Size of the plate broken:
5. Cause of Breakage:
6. Date of Breakage:
7. Name and address of the person causing breakage:

8. 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.

Date :

Place :

Signature of the Insured / Claimant

Witness (Sign.) : _____

Name :

Address :

ROUGH SKETCH OF BREAKAGE