

## PLATE GLASS AND NEON SIGN INSURANCE POLICY (COMMERCIAL) General Insurance Company Ltd. CLAIM FORM





Policy No.

## PLATE GLASS AND NEON SIGN INSURANCE POLICY(COMMERCIAL) - CLAIM FORM -

(The issue of this form does not constitute admission of liability. Please return this form within fourteen days of the loss together with all enclosures)

Claim No.

1.	a) Name of Insured (in full)									
	b) Address									
	c) Address of premises where breakage occurred									
2.	Date and time of breakage									
3.	Cause of breakage									
4.	If caused by a person NOT in the Insured's service state name and full									
	address of the person									
5.	Name and address of witness, if any									
6.	Is the Insured claiming as tenant or owner?									
7.	Is the premise where breakage occurred at present occupied?									
8.	Have instructions been given for replacement?									
	If not-									
	i) Is immediate replacement									
	required?									
	General insurance Company Liu.									
	ii) Would the Insured prefer to give an undertaking to									
	effect replacement when convenient to him?									
9.	Is there any other insurance against the present loss under any									
	other policy? If so, give full particulars.									
10. PARTICULARS OF BREAKAGE:										
		Description of	Size of each Square or		\		Open of headless			
No. of squares		Description of Glass and	Pane in Cms. cracked of			Cost of broken items requiring replacements Rs.				
or panes		where fixed			broken out					
			Height	Width			,			

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No. of Frames/Fra	Description of Frame/ Frameworks	Size in cms.		Whether cracked or broken out	Cost of broken items requiring replacements Rs.
meworks		Height	Width	bioken out	113.

I /We hereby declare that the foregoing particulars are true and correct in every respect.

Place:

Date:



General Insurance Company Ltd.