

Householder's Package Policy (Retail) PLATE GLASS & NEON SIGN INSURANCE - 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)

Policy No.

Claim No.

1.	a) Name of Insured (in full)									
	b) Address		b)							
	c) Address	of premises where l	c)							
2.	Date and time of breakage									
3.	Cause of breakage									
4.	If caused by	aused 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 Surance Compilary Ltd.									
	required?									
	Or									
	ii) Would the Insured prefer to give an undertaking to									
	,	effect replacement when convenient to him?								
9.		there any other insurance against the present loss under any								
	other policy? If so, give full particulars.									
10. PARTICULARS OF BREAKAGE:										
	of squares	Description of Glass and where fixed	Size of each Square or Pane in Cms. broken		\\/hathar		Cost of busices			
No.							Cost of broken items requiring			
C	or panes				broken ou		replacements Rs.			
			Height	Width	brokenout					



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

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

Place:

