

Plate Glass Claim Form

Policy No: _____

1. (a) Name of Insured (b) Address (c) Address of premises where breakage occurred (d) Telephone/Fax numbers	(a) (b) (c) (d)
2. (a) Date and time of breakage (b) When discovered, and by whom?	
3. Cause of breakage	
4. When were the Police notified and at what station?	
5. Is the Insured claiming as tenant or owner?	
6. Is the premises where breakage occurred at present occupied?	
7. Have instructions been given for replacement?	

PLEASE COMPLETE REVERSE SIDE OF THIS FORM

PARTICULARS OF BREAKAGE

No. of panes	Description of Glass and where fixed	Size of each Square or Pane in Centimetres		Details of Breakage	Cost of broken items requiring replacement
		Height	Width		

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

Date _____

Signature of Insured _____