

Glass Claim Form



10 Sabre Close, Green Farm Business Park, Quedgeley, Gloucester GL2 4NZ
 Telephone: 01452 361602 or 361649 Facsimile: 01452 361604

- When completing this form, please tick the appropriate boxes and answer all questions using **BLOCK CAPITALS**.

1 You the Policyholder

Name of the Insured

Address

Town County

Postcode Date Premium Paid

Occupation Telephone Number

Policy Number Value Added Tax. Are you a registered person or company? Yes No

Please state the number of bedrooms (include all rooms designated as bedrooms even if not used as such)

2 Circumstances of the Claim

a Date of breakage (dd/mm/yyyy) Time am/pm

b Address of the premises where the breakage occurred

c Describe fully how breakage occurred

d Was any person(s) responsible for breakage? Yes No

If yes, say why

e Name and address of person(s) responsible

f If they are insured against causing the damage, state Insurer's name, address and policy number

3 General Information

a Type of premises (i.e: shop, flat, house etc.)

b Were the premises unoccupied? Yes No

If yes, when last occupied?

3 General Information *continued*

c Are you the owner of the premises? Yes No

If **no**, give name/address of owner

d Are you responsible for replacement of the glass? Yes No

e Is there any other policy in force providing cover for this incident? Yes No

If **yes** give details to include Insurers name/address and policy number

f Were the police notified? YES NO

If **yes**, address of station

g Date of notification to police Police Crime Reference No

<input type="text"/>	<input type="text"/>
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Description of Broken Glass

Number of pieces	Position, i.e. window, door, etc.	Type/thickness	Size in metres (m)	Cracked or broken?

I/We declare that no material information has been withheld and that all statements on this form are true to the best of my/our knowledge and belief. In addition the articles and property belong to the persons named and no other person has any interest whether as Owner, Mortgagee or Trustee. I/We understand that you may seek information from other insurers to check the answers I/we have provided, and I/we authorise the giving of such information for such purposes.

Insurers and their agents share information with each other to prevent fraudulent claims and to decide whether to accept your proposal and, if so, on what terms via the Claims and Underwriting Exchange Register, operated by Insurance Database Services Ltd. A list of participants is available on request. The information you supply on this form, together with the information you have supplied on your application form and other information relating to the claim, will be provided to participants.

Signature

Date (dd/mm/yyyy)

Please complete and return this form as soon as possible. Damaged property should be protected from further deterioration but not disposed of without prior reference to the Company. If the claim is for repairable damage i.e. buildings, a Trademan's estimate will be required.

