

Call (Toll Free) 1800 22 1111 | 1800 102 1111 www.sbigeneral.in

PLATE GLASS INSURANCE POLICY

Ci	Claim Form											
	Issue of this Claim Form is not to be taken as an admission of liability. If any detail or information is not readily available please do not delay the dispatch of this form and such particulars may be sent later.											
Pol	icy No.	Claim No.										
Per	iod of Insurance From											
	A. DETAILS OF INSURED/C	LAIMANT										
1.	Name as per Policy											
2.	Address	Plot No/Door No. Building Name										
		Road Area										
		City Pincode										
		State State										
3.	Contact Details	Phone No. Mobile										
		E-mail ld										
4.	Brief Description of Business Office/Industry/Occupation											
5.	Limits of Indemnity under the Policy (Rs.)											
	B. DETAILS OF LOSS/ACCID	DENT CONTROL OF THE C										
1.	Date of Loss	D D M M Y Y Y Y Y Y M. A.M. / P.M.										
2.	Loss Location Address	Plot No/Door No. Building Name										
		Road Area										
		City Pincode										
		State State										
3	Contact Details of person/s at											
٥.												
	Name											
	Relationship with Insured											
	Contact Details	Phone No. Mobile										
4.	Describe cause of Loss/Damage	E-mail ld										
5.	Estimated Loss (Rs.)											

Version 1.2, Nov. 2011

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WI	WITNESS DETAILS																													
1.	1. Were there any witnesses to the loss/accident?												Yes No																	
	If 'Yes',																													
2.	Name as Person/s	S	U	R	Ν	А	Μ	Е			Μ	1	D	D	L	Е	Ν	A	٨			F	1	R	S	Т	Ν	А	Μ	Е
3.	Address	Plot	t No,	/Doo	or No). [Bu	ilding	g Nan	ne											
		Roa	ıd [Are	ea													
		City	, [Pir	ncode	9												
		Stat	te																											
4.	Contact Details	Pho	one N	No.												Mo	bile													
		E-m	nail I	ld [
IN	INFORMATION TO AUTHORITY																													
1.	1. Has the loss been reported to an Authority?																													
	If 'No', reason for not report	ing _																												
	If 'Yes', provide details		Fir	re			Po	lice			М	unio	cipal	ity		Ot	her													
2.	Name of Authority																													
3.	Information Report No./ Authority Reference No.]	Do	ite	D	D	M I	ΛΥ	Y	Υ	Υ]					
4.	Contact Person/s	S	U	R	Ν	Α	Μ	Е			Μ	1	D	D	L	Е	Ν	Α /	٨			F		R	S	Т	Ν	А	Μ	Е
5.	Address	Plot	t No,	/Doo	or No). [Bu	ilding	g Nar	ne											
		Roa	l br													Ar	ea													
		City	, [Pir	ncode	e												
		Stat	te [
6.	Contact Details	Pho	one N	No.												Mo	bile													
	E-mail Id																													
	C. DETAILS OF OTHER INSURANCE																													
																				一.			1							
1.	Is the loss / damage covered							ce?											L	`	es es		N	5						
	If 'Yes', specify details and at	tach	a co	ору с	of the	e po	licy								_					_	_	_								_
	Name of Insurer		L			L		<u> </u>		L					L					<u> </u>	<u> </u>	<u> </u>		\sqsubseteq	\sqcup			Щ	ᆜ	_
	Address		г	/Doo	r No	٠. [_	_					_		Bu	ilding) Nan	ne _	<u> </u>	Ļ	Ļ	<u> </u>	<u></u>			_		ᆜ	_
		Roa	ıd		_											Are	ea		L		Ļ	<u> </u>		L	Ш					
		City	_													Pir	ncode	2												
		Stat	e																											
	Contact Details	Pho	ne N	No.												Mo	bile													
		E-m	nail le	d [
	Policy Number															Su	m Ins	sured												
	Period of Insurance	Fror	n	D	D	Μ	Μ	Υ	Υ	Υ	Υ			То	D	D	Μ	M	Υ	Y	Y									

D. DETAILS OF OTHER INT	TEREST TEREST								
1. Is the Insured the Sole Own	er of the property?		Yes No						
If 'No', specify									
Nature of Interest									
Person/s who has/have interest on property									
Address	Plot No/Door No.	Buildir	ng Name						
	Road	Area							
	City	Pincod	le						
	State								
Contact Details	Phone No.	Mobile							
	E-mail Id								
E. DETAILS OF BREAKAGE									
Name of person responsible									
for breakage									
2. Address	Plot No/Door No.	Buildir	ng Name						
	Road	Area							
	City	Pincod	le						
	State								
3. Contact Details	Phone No.	Mobile							
	E-mail Id								
4. Was he/she in anyway empl	oyed by the insured?		Yes No						
SI. No. Des	scription of Glass	Size of Glass Original Purc	hase Value Purchase Date	Value Claimed(Rs.)					
F. DETAILS OF PREVIOUS L	OSSES								
Losses during the 3 preceding									
Date of Loss	Claim Description and Cau	ise of Loss	Value of Loss (Rs.)	Insurer					
2 4.0 3. 2000			(101)						
			·						
G. DETAILS OF OTHER INF	FORMATION								
Do you wish to provide any	other information?		Yes No						
If 'Yes', specify									

DECLARATION

I/We, the above named, do hereby, to the best of my/our knowledge and belief, warrant the truth of the foregoing statements in every respect; and I/We agree that if I/We have made, or make in any further declaration, the Company may require in respect of the said accident, any false or fraudulent statement, or any suppression or concealment, my/our claim shall be absolutely forfeited, and the Policy shall be null and void, and all rights to recover there under in respect of past or future loss/accident shall be forfeited.

Place													Signature of Insured/Claimant
Date:	D	D	М	М	Υ	Υ	Υ	Υ					Name of Insured/Claimant