



## CLAIM FORM PLATE GLASS / NEON SIGNBOARD

ISSUANCE OF THIS CLAIM FORM IS NOT TO BE TAKEN AS AN ADMISSION OF LIABILITY

### Important Instructions

- Claim Form to be filled in capital letters and signed by the Insured.
- Please submit the documents as mentioned at the end of this form\*.
- Please do not leave any column unanswered. Mention "N/A", if not applicable.
- Take all reasonable precautions to prevent / reduce further loss, damage or liability.
- Preserve any damaged or defective property or parts for inspection by the surveyor.
- Hold liable in writing any third parties believed to have caused loss / damage.
- If any detail or information is not readily available, please do not delay the dispatch of this form.

Policy Number  -  -  -  -  -   
Period of Insurance  /  /  to  /  /   
Claim Number

### A. DETAILS OF INSURED / CLAIMANT

Name as per policy   
Address   
City  State  Pin Code   
Contact Number : Phone STD Code  No.  Mobile + 9 1   
E-mail ID

Brief Description of Business / Office / Industry / Occupation

### B. DETAILS OF LOSS / ACCIDENT

- a) Date of Loss  /  /  b) Time of Loss  :  A.M. / P.M.  
c) Reasons for delay in reporting the claim, if any \_\_\_\_\_
- Loss Location  
Address   
City  State  Pin Code
- Describe Nature and Cause of Loss / Damage \_\_\_\_\_
- Name & Address of the person responsible / loss \_\_\_\_\_
- Was he in anyway employed by the insured ☐ (Yes) ☐ (No)
- If third party responsible loss, any action was taken against them to recover to loss ☐ (Yes) ☐ (No)  
If 'Yes', please provide details \_\_\_\_\_
- Details of breakage / damage

Sl. No.	Type of Glass / Signboard	Dimensions (Length / Width / Thickness)	Original Purchase Cost	Date of Purchase	Replacement Cost	Value Claim
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

- Was any alteration carried out to the structure where glass / board fitted if so, when \_\_\_\_\_

### WITNESS DETAILS (Please attached statement of witnesses)

Were there any witnesses to the loss / accident? ☐ (Yes) ☐ (No), If 'Yes', Name of Person(s)

- \_\_\_\_\_ Phone No. \_\_\_\_\_
- \_\_\_\_\_ Phone No. \_\_\_\_\_



### C. DETAILS OF OTHER INSURANCE

Is the loss/damage covered under any other Insurance ☐ (Yes) ☐ (No), If 'Yes', specify details and attach a copy of the policy

Name of the Insurer																														
Policy Number																														
Policy Type																														
Period of Insurance	d	d	/	m	m	/	y	y	y	y	to	d	d	/	m	m	/	y	y	y	y									
Sum Insured (Rs.)																														

### D. DETAILS OF OTHER INTEREST

Is the Insured the Sole Owner of the property? ☐ (Yes) ☐ (No), If 'No', specify

Nature of Interest																																			
Person/s who has/have interest on property																																			
Address																																			
City											State											Pin Code													
Phone STD Code											No.											Mobile	+	9	1										
E-mail ID																																			

### E. DETAILS OF PREVIOUS LOSSES

Losses during the 3 preceding years

Date of Loss	Nature and Cause of Loss	Value of Loss (Rs.)	Insurer

### F. DETAILS OF OTHER INFORMATION

Please provide any other relevant information pertaining to this property and incidence.


I/We, 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.

I/We, undertake to refund the amount claimed to the event of all or any of the lost items being recovered.

I/We, undertake to take all practicable steps to apprehend the guilty person(s) and to recover the property lost.

Place :																Signature :																				
Date :	d	d	/	m	m	/	y	y	y	y	Name of Insured / Claimant :																									

### \* INDICATIVE LIST OF DOCUMENTS REQUIRED FOR CLAIM SETTLEMENT

1. Claim Form
2. Repair / Replacement Bill
3. Original Purchase Bill if available
4. Newspaper Cutting, if loss is due to any Storm etc.
5. If third party responsible for loss notice of claim on them

\* Additional documents required by insurer if any, will be intimated to you as and when required