

Plate Glass/Neon Sign/Glow Sign Insurance Claim Form

Claim No. _____

All questions must be answered fully. If there is insufficient space, kindly use a separate sheet which can be attached to this form. If any sections are not fully completed or left blank, the form will be returned for completion.

The issue or acceptance of this form is not to be construed as an admission of liability by MHDI.

A. The Insured

Risk Code (For office use)

Name _____

Address _____

Tel No. _____

Office _____ Mobile _____ email _____

Contact person's name _____

_____ Mobile _____ email _____

B. Policy Details

Policy No. _____ Period of Insurance ____/____/____ to ____/____/____

C. Accident details

Date of occurrence ____/____/____ Time _____ am/pm

Details of plate glass damaged and address where installed _____

Where was the broken glass fitted in the premises _____

Approx size of damaged glass _____ Type of glass _____

Describe how the damage happened _____

Is the glass broken/cracked/scratched _____

Is the glass frame also damaged Yes No

What is probable cause of the damage

Carelessness Malicious Act Fire/Explosion Storm/hail Burglary

Any other _____

UIN - IRDAN149RP0008V02201314

Did the plate glass have any other damage before the above incident occurred?

Yes No

If yes, provide details _____

Is anyone else responsible for the damage Yes No

If yes, provide

details _____

Who is responsible for repairs

D. Estimated cost of Repairs/replacements

E. Details of other insurances

Provide details of other insurances, if any, covering the incident/damage

F. Details of previous losses, if any _____

General

If the breakage or damage involved malicious person or burglars, was FIR lodged Yes

No

If yes, attach copy of FIR.

Any steps taken to prevent future recurrence

Yes No

If yes, please provide details (attach separate sheet if required)

DECLARATION

I/We declare that I/We have not withheld any material information and that all statements made on this form are true to the best of my/our knowledge and belief and that the items described above belong to me/us, and that no other person has any interest thereon whether as Owner, Mortgagee, Trustee or otherwise except as mentioned in the Policy. I/we understand that the claim may be refused if the information is untrue, inaccurate or concealed.

Signature of Insured : _____

Company's stamp

Date : _____

Documents to be attached:

- Photographs
- Estimate of repairs/replacement
- Invoice and payment receipt for repairs/replacement