

HOUSEHOLDER'S PACKAGE POLICY (RETAIL)

Plate Glass & Neon Sign Insurance Claim Form



Householder's Package Policy (Retail) PLATE GLASS & NEON SIGN INSURANCE - CLAIM FORM -

(The issue of this form does not constitute admission of liability. Please return this form within fourteen days of the loss together with all enclosures)

Policy No. Claim No.

1.	a) Name of Insured (in full)							
	b) Address							
	c) Address	of premises where I	breakage o	ccurred		c)		
2.		ne of breakage						
3.	Cause of breakage							
4.	-							
	address of the person							
5.	Name and a							
6.								
7.								
8.	. Have instructions been given for replacement?							
	If not-							
		mediate replaceme	nt			i)		
	/	iired?	11.					
	Or	ineu:						
	_	ii)						
	ii) Would the Insured prefer to give an undertaking to effect replacement when convenient to him?							
9.	Is there any other insurance against the present loss under any							
	other policy? If so, give full particulars.							
10. PARTICULARS OF BREAKAGE:								
		_	Cinc of oo	ah Cawana an				
No.	o. of	Description of			Whether		Cost of broken	
squares or panes		Glass and where fixed	Pane in Cms.		cracked or		items requiring	
			Height	Width	broken out		replacements Rs.	



No. of Frames/Fra meworks	Description of Frame/ Frameworks	Size in cms.		Whether cracked or	Cost of broken items requiring replacements
		Height	Width	broken out	Rs.

Place:		
Date :		Signature of Insured

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