

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

PLATE GLASS INSURANCE POLICY

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.														
Policy No.	Claim No.													
Period of Insurance From	D M M Y Y Y Y To D D M M Y Y Y Y													
A. DETAILS OF INSURED/0	CLAIMANT													
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 Id													
Brief Description of Busines Office/Industry/Occupation														
5. Limits of Indemnity under the Policy (Rs.)														
B. DETAILS OF LOSS/ACCI	DENT													
1. Date of Loss	D D M M Y Y Y Y Y Y M.M. / P.M.													
2. Loss Location Address	Plot No/Door No. Building Name													
	Road Area													
	City Pincode													
	State													
3. Contact Details of person/s of	at Loss Location													
Name														
Relationship with Insured														
Contact Details	Phone No. Mobile													
	E-mail Id													
4. Describe cause of Loss/Damage														
5. Estimated Loss (Rs.)														

WITNESS DETAILS 1. Were there any witnesses to the loss/accident? No If 'Yes', 2. Name as Person/s 3. Address Plot No/Door No. **Building Name** Road Area City Pincode State 4. Contact Details Phone No. Mobile E-mail Id INFORMATION TO AUTHORITY No 1. Has the loss been reported to an Authority? Yes If 'No', reason for not reporting If 'Yes', provide details Fire Police Municipality Other 2. Name of Authority Date 3. Information Report No./ Authority Reference No. \bigcup R 4. Contact Person/s Plot No/Door No. **Building Name** 5. Address Road Area City Pincode State Phone No. Mobile 6. Contact Details E-mail Id C. DETAILS OF OTHER INSURANCE 1. Is the loss / damage covered under any other Insurance? No Yes If 'Yes', specify details and attach a copy of the policy Name of Insurer Address Plot No/Door No. **Building Name** Road Area City Pincode State Contact Details Phone No. Mobile E-mail Id

Sum Insured

То

Policy Number

Period of Insurance

From

D. DETAILS OF OTHER INTEREST																														
1. Is the Insured th	Is the Insured the Sole Owner of the property?																													
If 'No', specify	lo', specify																													
Nature of Interes	est																													
Person/s who ho interest on prop																														
Address		Plot No/Door No.													В	uilding	g No	Name												
		Road												A	rea															
		City													Pi	ncode	е									•				
		State												$\overline{\exists}$]										1					
Contact Details		Phone	No.]] M	obile														
		E-mail	ld												1											_	_			
E. DETAILS OF																														
Name of persor for breakage	n responsible																													
2. Address		Plot No	o/Do	or N	o. [В	uilding	g No	ame												
		Road													Α	rea														
		City													Pi	ncode	е													
		State																												
3. Contact Details		Phone	No.												M	obile														
		E-mail Id																												
4. Was he/she in a	inyway emplo	yed by	the i	nsur	ed?															Yes	5		No)						
SI. No.	Des	cription	of G	Slass					Size of Glass Original Purc							Purch	chase Value Purchas					ıse [e Date Value Claimed(Rs.))	
		•							5.25 0. G.ass G.i.g.																					
F. DETAILS OF F																														
Losses during the	e 3 preceding		CI :	_				1.0										_	()			\top			_					\neg
Date of Loss			Clair	n De	escrip	otion	n an	a Cc	nuse of Loss								Value of Loss (Rs.)						Insurer							
G. DETAILS OF	OTHER INF	ORMAT	ION																											
Do you wish to	provide any o	other in	form	atior	1?															Yes	6		No)						
If 'Yes', specify																														
																														—
																														—
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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
riuce										_			J	Signature of insured/Claimant
Date:	D	D	М	Μ	Υ	Υ	Υ	Υ						Name of Insured/Claimant