

Glass Claim Form



10 Sabre Close, Green Farm Business Park, Quedgeley, Gloucester GL2 4NZ
Telephone: 01452 361602 or 361649 Facsimile: 01452 361604

- When completing this form, please tick the appropriate boxes and answer all questions using BLOCK CAPITALS.

1 You the Policyholder

Name of the Insured	<input type="text"/>		
Address	<input type="text"/>		
Town	<input type="text"/>	County	<input type="text"/>
Postcode	<input type="text"/>	Date Premium Paid	<input type="text"/>
Occupation	<input type="text"/>	Telephone Number	<input type="text"/>
Policy Number	<input type="text"/>	Value Added Tax. Are you a registered person or company?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Please state the number of bedrooms (include all rooms designated as bedrooms even if not used as such)

2 Circumstances of the Claim

a Date of breakage (dd/mm/yyyy) Time <input type="text"/> <input type="text"/> am/pm	d Was any person(s) responsible for breakage? Yes <input type="checkbox"/> No <input type="checkbox"/>
b Address of the premises where the breakage occurred <input type="text"/> <input type="text"/> <input type="text"/>	If yes, say why <input type="text"/> <input type="text"/> <input type="text"/>
c Describe fully how breakage occurred <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	e Name and address of person(s) responsible <input type="text"/> <input type="text"/> <input type="text"/>
	f If they are insured against causing the damage, state Insurer's name, address and policy number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

3 General Information

a Type of premises (i.e: shop, flat, house etc.) <input type="text"/> <input type="text"/>	b Were the premises unoccupied? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, when last occupied? <input type="text"/>
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