## **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					
Address					
Town	County				
Postcode	Date Premium Paid				
Occupation	Telephone Number				
Policy Number	Value Added Tax. Are you a registered person or company? Yes No				
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	d Was any person(s) responsible for breakage?				
am/pm	Yes No				
b Address of the premises where the breakage occurred	If <b>yes</b> , say why				

c Describe fully how breakage occurred

e Name and address of person(s) responsible

f If they are insured against causing the damage, state Insurer's name, address and policy number

## **3** General Information

a Type of premises (i.e: shop, flat, house etc.)

**b** Were the premises unoccupied?

No

Yes

If yes, when last occupied?

## 3 General Information continued

с	Are you the owner of the premises? Yes	No	е	Is there any other policy in force	providing cover for th Yes	nis incident?
				If <b>yes</b> give details to include Insure	rs name/address and	policy number
d	Are you responsible for replacement of the glass? Yes	No	f	Were the police notified? If <b>yes</b> , address of station	YES	NO
			g	Date of notification to police	Police Crime Refer	ence No

## Description of Broken Glass

Number of pieces	Position, i.e. window, door, etc.	Type/thickness	Size in metres (m)	Cracked or broken?

I/We declare that no material information has been withheld and that all statements on this form are true to the best of my/our knowledge and belief. In addition the articles and property belong to the persons named and no other person has any interest whether as Owner, Mortgagee or Trustee. I/We understand that you may seek information from other insurers to check the answers I/we have provided, and I/we authorise the giving of such information for such purposes.

Insurers and their agents share information with each other to prevent fraudulent claims and to decide whether to accept your proposal and, if so, on what terms via the Claims and Underwriting Exchange Register, operated by Insurance Database Services Ltd. A list of participants is available on request. The information you supply on this form, together with the information you have supplied on your application form and other information relating to the claim, will be provided to participants.

Signature

Date (dd/mm/yyyy)

Please complete and return this form as soon as possible. Damaged property should be protected from further deterioration but not disposed of without prior reference to the Company. If the claim is for repairable damage i.e. buildings, a Trademan's estimate will be required.



NIG policies are underwritten by U K Insurance Limited, Registered office: The Wharf, Neville Street, Leeds LS1 4AZ. Registered in England No 1179980. U K Insurance Limited is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority. Calls may be recorded.