



GLASS CLAIM FORM

Claim No.: _____

PLEASE ANSWER ALL QUESTIONS

Name of Insured _____ Policy No.: _____

Mailing Address _____ Tel. No. _____

Address where breakage occurred _____

Business _____

Date of breakage _____

Size of glass _____

Type of glass (if not plate) _____

If glass is ornamented, state details _____

Situation of glass (whether in window, door, show-case, etc.) _____

How did breakage occur? _____

Was breakage caused by Insured, member of family or staff? _____

If not, state name and address of person causing breakage _____

Was glass cracked or smashed by the happening? _____

Was glass sound previous to breakage? _____

Do you require re-glazing to be deferred until further notice? _____

I hereby warrant the truth of the foregoing statements.

Signature _____
(If Corporation, Affix Official Stamp)

Date _____