



**BRANCHES:**

HEAD OFFICE: 53 Knutsford Boulevard, Kingston 5. Telephone: 876-968-0600-6, Fax: 876-926-3957  
 Half-Way Tree: 73 - 75 Half-Way Tree Road. Kingston 10. Telephone: 876-920-0600, Fax: 876-968-0146  
 Mandeville: Shop #3, Manchester Shopping Centre, Telephone: 876-962-3778, Fax: 876-962-1088  
 Montego Bay: 7 Market Street, Montego Bay, St. James Telephone: 876-952-1272, Fax: 876-979-0320  
 Portmore: Lot1, Seagrape Close, Portmore Town Centre. Portmore, St. Catherine Telephone: 876-704-2862, Fax: 876-939-8446

**GLASS BREAKAGE CLAIM FORM**

Policy No.

1 Insured

Address

Business Tel. No.

2 Premises

Address where  
breakage occurred Tel. No.

Trade or Business

3 Items

Situation in premises  
(front return door etc.)

Type of glass

Approximate measurements Item No. in Policy  
Schedule (if known)

Details of lettering  
embossing etc.

Breakage Time am/pm

Date

Cause

Name and address of person causing breakage. If breakage caused  
by a vehicle give number and a name and address of owner.

Was breakage caused by  
employee of Insured?

Names and addresses of witnesses of breakage

a) b)

Have the Policy Authorities  
been informed? Date

If so, at what station?

5 Replacement

Have instructions been

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given for replacement?

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Name and address of  
firm carrying out work

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I/We hereby declare that the following information given on this form is true to the best of my/our knowledge and belief.

Signature

Date

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