



INSURANCE COMPANY JAMAICA LIMITED

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PLATE GLASS CLAIM

No.		P.G.		Year 20	
		S.C.			

Policy No.		Renewable	
Name and Address of Insured			
Address where breakage occurred			
Business carried on in premises			

Date of breakage		Date advised		Size of broken pane	
Position of glass broken					
Description of glass broken					
Cause of breakage					

Glazier's Name				
Glazier's Estimate \$		inclusive	salvage allowance of \$	
		less		

		Date Paid	Voucher No.	Quart. Estimate
Cost of Reinstatement \$			
Cost of Boarding \$			
Expenses \$			
Gross Loss \$			
Recovered \$			
Net Loss \$			

REMARKS

Entered on Policy Record _____

Signature _____

Date: _____