



The New India Assurance Company Limited

Head Office: 87, M G Road, Fort, Mumbai-400001

CLAIM FORM FOR PLATE GLASS INSURANCE

The issue of this form is not to be taken as an admission of liability

Policy No. _____
Period: _____
Claim No.: _____

1. Name of the Insured:
 2. Address:
 3. Address where glass situated (Please state the precise position of the glass)
 4. Size of the plate broken:
 5. Cause of Breakage:
 6. Date of Breakage:
 7. Name and address of the person causing breakage:
 8. Was he in any way employed by the Insured?
- I hereby declare that the foregoing statements are made by myself and are true in all respects and that I have not attempted to conceal from the Company anything with which it ought to be made acquainted.
- Date : _____ Place : _____
- Signature of the Insured / Claimant
- Witness (Sign.) : _____
- Name :
- Address :

ROUGH SKETCH OF BREAKAGE