



PLATE GLASS CLAIM FORM

INSTRUCTIONS:

- Please read carefully and fill out the entire form.
- All questions must be answered in full, in BLOCK letters, in the applicants own handwriting or to his dictation.

1. The Insured:

Name _____ Address _____

Tel: No. _____ Policy No _____

Premium paid on _____

2. The Circumstances:

Address where breakage occurred _____ Date of breakage _____

Describe how it happened _____

Who caused the breakage _____

Address _____

Occupation _____

Please draw a diagram to describe the extent of damage to the glass concerned, at the back of this page.

Dimensions _____ x _____ x _____

Type plate?

sheet?

ornamented?

Location window?

door?

showcase?

Cost of Glass - Ksh _____ Please attach repair estimates or invoices.

Replacement - Ksh _____ Please attach repair estimates or invoices.

Less Salvage, if any _____

Net Claim _____

It is hereby declared that these particulars are true and correct.

Name of Person Signing _____ Signature _____

Position _____ Date _____