

**Bajaj Allianz General Insurance Company Limited**

Regd. Office & Head Office : GE Plaza, Airport Road, Yerwada, Pune - 411 006

**NOTIFICATION OF PLATE GLASS CLAIM**

Agent / Broker  Claims No. : \_\_\_\_\_

No. of Insurance Policy

Day of loss,  Location of the damage (full address)   
 Date    
 Time

Name of Insured (Complete in BLOCK LETTERS)

Street and House No.

Postal Code, Location

Phone  Fax No.

E-mail \_\_\_\_\_

**Cause of loss**  
 Carelessness (Insured/ relatives / employees)     Storm/hail (not a draught)     Burglary     Fire, Explosion  
 Third party faults (name and address)     other causes, please describe

**List of the damaged plate glass**

No. of panes	Kind of glass eg. mirror, ornament glass, etc.	Measurement in cm	Is the frame also damaged	Specify from where glass was damaged (eg. door, window, mirror, table plates)
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	

**Kind of damage**     Breakage of glass (whole or crack)     Scratches     Others  
 and please describe

**Glass for residential premises, please answer following**  
 Kind of building     Single house     Dwelling block

If premises of commercial nature, please answer

Nature of business (eg. hotel, jewellery etc.)

Use of premises (eg. shop, office, warehouse etc.)

Price paid ?

Cost of repair / replacement ?

Please give details

Is there any indemnification from other policies for the damaged property ?  Yes  No.

If yes, please mention name and address of the Insurer

Policy No.

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I hereby declare that the foregoing statements are 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.

Witness

Occupation

Address

Signature of the Insured

Date 

D	D	M	M	Y	Y
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Space for Additional Details :

Documentation (only for company staff)

Agreement with the Insured

Quantum of loss / reserve