



NEON/GLOW SIGN INSURANCE CLAIM FORM

(The completed claim term should be returned to the Issuing Office of the company within 7 days of the receipt. The company does not admit liability by issuing this form)

- 1) Details of the Insured
 - i) Name _____
 - ii) Address _____
 - iii) Policy number _____
 - iv) Claim number _____
 - v) Agency code _____
 - vi) Contact number _____
- 2) Breakage occurred on my/our premises situated at _____
- 3) Kind of neon/glow sign broken _____
- 4) Size of damaged neon/glow sign _____
- 5) Date of breakage _____
- 6) State cause as far as possible _____
- 7) If willful, or by stones, motor vehicles, carts, etc...has application been made for recovery of the amount damage? _____
- 8) Cost of replacements _____

I declare the conditions of my insurance have been fully complied with and that I will act in accordance therewith. I therefore claim the company in respect of such breakage, according to the terms of my policy.

Place: _____

Date: _____

Signature of the Insured: _____

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