



**UNITED INDIA INSURANCE COMPANY LIMITED**

REGD & HEAD OFFICE NO. 24 WHITES RD, CHENNAI -600 014

**PLATE GLASS INSURANCE - CLAIM FORM**

(The issue of this form does not constitute admission of liability. Please return this form within fourteen days of the loss together with all enclosures)

Policy No.

Claim No.

1.	a) Name of Insured (in full) b) Address c) Address of premises where breakage occurred	a) b) c)			
2.	Date and time of breakage				
3.	Cause of breakage				
4.	If caused by a person NOT in the Insured's service state name and full address of the person				
5.	Name and address of witness, if any				
6.	Is the Insured claiming as tenant or owner?				
7.	Is the premises where breakage occurred at present occupied?				
8.	Have instructions been given for replacement?  If not-  i) Is immediate replacement required? Or ii) Would the Insured prefer to give an undertaking to effect replacement when convenient to him?	i)  ii)			
9.	Is there any other insurance against the present loss under any other policy? If so, give full particulars.				
<b>10. PARTICULARS OF BREAKAGE:</b>					
No. of squares or panes	Description of Glass and where fixed	Size of each Square or Pane in Cms.		Whether cracked or broken out	Cost of broken items requiring replacements Rs.
		Height	Width		



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I /We hereby declare that the foregoing particulars are true and correct in every respect.

Place:

Date :

**Signature of Insured**