

Plate Glass/Neon Sign/Glow Sign Insurance Policy - Claim Form

Agent/ Broker _____

Claim No. _____

No. of Insurance policy	
Day of loss, Date	Time
Insured, Name (fully - in BLOCKLETTERS)	
Street and House No.	
Postal code, Location	

Location of the damage (full address)
Phone:
Fax:
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 f.i. mirror, ornament glass,etc.	Measurement in cm	Is the frame also damaged	Specify from where glass was damaged (f.i. 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	

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 (f.i. hotel, jewellery etc.)

Use of premises (f.i. shop, office, warehouse etc.)

Price paid? Rs. _____

Cost of repair / replacement? Rs. _____

Please give details

Is there any indemnification from other policies for the damaged property ?

No

Yes

If yes, please mention name and address of the Insurer

Policy No.: _____

.....
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 _____

Signature of the Insured

Address _____

Date _____

Space for Additional Details:

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