



NICO General Insurance Company Limited

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GLASS CLAIM FORM (PLG.1)

THE ISSUE OF THIS FORM IS NOT AN ADMISSION OF LIABILITY ON THE PART OF THE COMPANY.

(Please answer all questions as fully as possible)

1. Name of Insured: _____
2. Address: _____ Tel. No.: _____
3. Policy No.: _____

4. Date of which breakage occurred	
5. Address of Premises where the breakage occurred.	
6. Nature of business carried on in such premises. If unoccupied, state since what date.	
7. Cause of breakage (state full particulars)	
8. Name and Address of person responsible (if any)	
9. Name and Address of any witness to the breakage.	
10. Have you made any claim in respect of Glass during the past 3 years? If so, please give full details.	

PARTICULARS OF BROKEN GLASS:

DESCRIPTION OF GLASS BROKEN	WHETHER DOOR, WINDOW ETC.	SIZE OF BROKEN SQUARE	WHETHER CRACKED OR BROKEN OUT

I / We hereby declare that to the best of my / our knowledge and belief the foregoing statements and particulars are true and complete.

SIGNATURE _____

DATE: _____