

Glass Claim Form



NIG Commercial Claims P O Box 1151 Bromley BR1 9WB

Please note - you can complete this form on screen. When completing please use the tab and arrow keys to move between the relevant fields. Ensure you do not use the return or enter keys.

If completing by hand, please answer all questions using BLOCK CAPITALS.

1 You the Policyholder

Name of the Insured	<input type="text"/>		
Address	<input type="text"/>		
Town	<input type="text"/>	County	<input type="text"/>
Postcode	<input type="text"/>	Date Premium Paid	<input type="text"/>
Occupation	<input type="text"/>	Telephone Number	<input type="text"/>
Policy Number	<input type="text"/>	Value Added Tax. Are you a registered person or company?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Please state the number of bedrooms (include all rooms designated as bedrooms even if not used as such)

2 Circumstances of the Claim

a Date of breakage (dd/mm/yyyy) Time <input type="text"/> <input type="text"/> am <input type="text"/> pm	d Was any person(s) responsible for breakage? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes , say why <input type="text"/>
b Address of the premises where the breakage occurred <input type="text"/>	
c Describe fully how breakage occurred <input type="text"/>	e Name and address of person(s) responsible <input type="text"/>
	f If they are insured against causing the damage, state Insurer's name, address and policy number <input type="text"/>

3 General Information

a Type of premises (i.e: shop, flat, house etc.) <input type="text"/>	b Were the premises unoccupied? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes , when last occupied? <input type="text"/>
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3 General Information *continued*

c Are you the owner of the premises? Yes ☐ No ☐

If **no**, give name/address of owner

d Are you responsible for replacement of the glass? Yes ☐ No ☐

e Is there any other policy in force providing cover for this incident? Yes ☐ No ☐

If **yes** give details to include Insurers name/address and policy number

f Were the police notified? Yes ☐ No ☐

If **yes**, address of station

g Date of notification to police Police Crime Reference No

Description of Broken Glass

Number of pieces	Position, i.e. window, door, etc.	Type/thickness	Size in metres (m)	Cracked or broken?

I/We declare that no material information has been withheld and that all statements on this form are true to the best of my/our knowledge and belief. In addition the articles and property belong to the persons named and no other person has any interest whether as Owner, Mortgagee or Trustee. I/We understand that you may seek information from other insurers to check the answers I/we have provided, and I/we authorise the giving of such information for such purposes.

Insurers and their agents share information with each other to prevent fraudulent claims and to decide whether to accept your proposal and, if so, on what terms via the Claims and Underwriting Exchange Register, operated by Insurance Database Services Ltd. A list of participants is available on request. The information you supply on this form, together with the information you have supplied on your application form and other information relating to the claim, will be provided to participants.

Signature

Date (dd/mm/yyyy)

Please complete and return this form as soon as possible. Damaged property should be protected from further deterioration but not disposed of without prior reference to the Company. If the claim is for repairable damage i.e. buildings, a Trademan's estimate will be required.