



**NEW INDIA
ASSURANCE**

(Incorporated in India)

Registered Head Office : New India Assurance Building, 87 Mahatma Gandhi Road- 400 023, India

Claim Form for Plate Glass Insurance

Policy No. _____

Claim No. _____

- | | |
|---|--|
| <ol style="list-style-type: none">1. Name of the Insured:2. Address :3. Address where glass is situated
(Please state the precise position
of the glass):4. Size of the plate broken:5. Cause of Breakage :6. Date of Breakage :7. Name and address of the
person causing breakage :8. Was he in any way employed
by the Insured | |
|---|--|

I hereby declare that the foregoing statements are made 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.

Signature of Claimant _____

Date _____

ROUGH SKETCH OF BREAKAGE

