



SRIC

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GLASS CLAIM FORM

POLICY DETAILS

FAILURE TO FULLY ANSWER ALL QUESTIONS MAY PREJUDICE ANY CLAIM

Claim No.

Name of Insured Policy Number

Telephone Number Mobile Number

Email Address

Address where breakage occurred

Business

Are you the owner of the premises? Yes No

If not, are you liable under any tenancy agreement for breakage of glass? Yes No

Are there any other insurances on the glass? Yes No

Date of breakage Size of glass Type of glass (if not plate)

If glass is ornamented, state details

Where is glass located?

How did breakage occur?

Was breakage caused by Insured, member of family or staff?

If not, state name and address of person causing breakage

Was glass cracked or smashed by the incident?

Was glass sound prior to breakage?

Do you require re-glazing to be deferred until further notice?

State total value of all glass on premises

MIRRORS (Complete if applicable)

Where is mirror situated?

Size of mirror Framed or frame-less?

Is mirror ornamented? Are edges polished and/or bevelled?

Date purchased or acquired Purchase Price Claimed

I hereby warrant the truth of the foregoing statements

Signature

Date