**CHOLAMANDALAM MS GENERAL INSURANCE COMPANY LIMITED**
Registered and Head Office: "Dare House", II floor, Old No.234, New No.2, NSC Bose Road, Chennai - 600 001. India

Cholamandalam MS
GENERAL INSURANCE

# CLAIM FORM FOR PLATE GLASS

**(The issuance of this form does not imply admission of liability.)**

**CLAIM NO:** _____ **POLICY NO:** _____

| | |
|---|---|
| 1. Name and Address of the Insured | |
| 2. Address of the premises where glass was fixed. | |
| 3. Please state the precise position of the Glass | |
| 4. Brief details of the loss, including the details of the glass broken. | |
| 5. Cause of Loss | |
| 6. Date and time of Loss<br>Name of the person who noticed the loss first. | |
| 7. Extent of damage<br>(Attach estimate for repairing / replacement of the damaged Plate Glass) | |

| | |
|---|---|
| 8. Name and address of the person, if any involved in causing breakage | |
| 9. Was he in any way employed by the Insured? | |
| 10.Is there any other Insurance against the present loss under any other Policy? If so, give full particulars. | |
| **11.Any other information you would like to furnish** | |

I/We hereby to the best of my/our knowledge and belief, warrant the truth of the above details in every respect. I/We agree that if we have made already or if I/We make in any of my/our further statements in respect of the said incident any false or fraudulent declarations or suppress or conceal any material fact, the Policy shall be void and all rights of compensation in respect of the present or future accident shall be forfeited

Place:

Date :

**Signature of Insured**