

BHARTI AXA GENERAL INSURANCE COMPANY LIMITED,
First Floor, The Ferns Icon, Survey No. 28, Next to Akme Ballet,
Doddanekundi, Off Outer Ring Road, Bangalore- 560037.
Toll Free Helpline: 1800-103-2292
E-mail: claims@bharti-axagi.co.in
SMS <CLAIM> to 5667700
Website: www.bharti-axagi.co.in



general insurance

PLATE GLASS INSURANCE CLAIM FORM

THE ISSUE OF THIS FORM IS NOT TO BE TAKEN AS AN ADMISSIBILITY OF LIABILITY.

PMG

Please fill this form in **Block Letters** and **Tick the Boxes** where appropriate and do not leave any column unanswered. If any detail or information is not readily available, please do not delay despatch of this report and such particulars may be sent later.

Policy Number:

Claim Number:

Period of Insurance: to

A. DETAILS OF INSURED/S

Name:

Address:

Pin code:

Telephone No:

E-mail Address:

Financial Interest:

Address of Financer:

Pin code:

If Insured is not the sole owner, for the nature of his / their interest in the property and the details of other Interests, a separate sheet may be enclosed.

B. LOSS DETAILS

Time and Date of loss: (Hrs.)

The address of the premises where plate glass was fixed:

Who noticed the loss & when:

Please attach a statement of the person.

Details of the circumstances leading to loss and cause:

Please attach separate sheet, if necessary.

The size of the Plate Glass broken/damaged:

The cause of the breakage:

The cost of replacement value of the Plate Glass:

The sum insured on the affected/damaged Plate Glass:

C. LOSS INTIMATION

Whether loss has been intimated to
If yes, please attach the copies of the reports.

Police Authorities Yes No

D. PREVIOUS LOSS HISTORY, IF ANY

E. DETAILS OF OTHER INSURANCES ON AFFECTED PROPERTY

F. IN YOUR OPINION, IS ANY THIRD PARTY RESPONSIBLE FOR THE LOSS

If yes name and address of such person _____

I/We hereby declare that the above questions have been conscientiously and faithfully answered and would be liable for the correctness and completeness of the statement. I/We shall provide any additional information, if needed.

Date: _____

Place: _____

Signature of Insured

Insurance is the subject matter of the solicitation.



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