



NEON / GLOW SIGN INSURANCE CLAIM FORM

(The completed claim term should be returned to the Issuing Office of the Company within 7 days of the receipt. The Company does not admit liability by issuing this form)

| | | |
|-------|---|--|
| 1. | Details of the Insured | |
| (i) | Name | |
| (ii) | Address | |
| (iii) | Policy Number | |
| (iv) | Claim Number | |
| (v) | Agency Code | |
| (vi) | Contact Number | |
| 2. | Breakage occurred on my/our premises situated at | |
| 3. | Kind of Neon / Glow sign Broken | |
| 4. | Size of damaged Neon / Glow sign | |
| 5. | Date of breakage | |
| 6. | State cause as far as possible | |
| 7. | If willful, or by Stones, Motor Vehicles, Carts, etc...has application been made for recovery of the amount damage? | |
| 8. | Cost of Replacements | |



I declare the conditions of my Insurance have been fully complied with and that I will act in accordance therewith. I therefore claim the Company in respect of such breakage, according to the terms of my policy.

Date:

Place:

Signature of the Insured: