

Karachi Lahore Islamabad Faisalabad Multan Sialkot Gujranwala Peshawar

IGI GENERAL INSURANCE LIMITED
PLATE GLASS INSURANCE
CLAIM FORM

This form should be completed and returned to the Company immediately
(The Company does not admit liability be the issue of this form)

Claim No. _____

Policy No. _____

1. Name & Address of Insured:	
2. Address where Glass is situated: Please state precise position of Glass describing window, door, fan light or fitment:	
3. Size of Plate broken: Say whether plain, embossed, muranese, silvered, brilliant cut, rough matted lettered etc.	
4. Cause of breakage: Date of breakage: Name and Address of person / persons causing breakage: Was he in any way employed by Insured?	
5. Have you ever before sustained a similar loss: (If so, Please state particulars)	
6. Was the matter reported to the Police: If so, give name and address of Police Station and state what action if any has or is being taken. Also send a copy of F.I.R.	
7. Were there at the time of the occurrence of loss any existing Insurances whether affected by the Claimant or by any other person, on the said Property with any other Company or Society: If so, state full particulars, if not, please write "NO".	NAME OF CO.
	AMOUNT

I/We declare that the foregoing statement are true to the best of my/our knowledge and belief that the articles and property described on the other side hereof were lost/stolen or damaged under the circumstances above described, and that such articles and property belong to the persons named, no other person having any interest therein whether as Owner, Mortgagee or otherwise.

Date _____

Stamp &
Signature of Authorized Officials _____