



THE NEW INDIA ASSURANCE CO. (Trinidad & Tobago) LTD.

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CLAIM FORM PLATE GLASS INSURANCE

Policy No.: Claim No.:

- 1. Name of the Insured
2. Address
3. Address where the glass is situated (Please state the position of the glass)
4. Size of the Plate Glass
5. Cause of Breakage
6. Date of Breakage
7. Name and Address of the person causing Breakage
8. Was he in any way employed by the insured
9. The Specifications and Original Supplier of Glass
10. Cost of the Glass (Paid)
11. Additional Observations, if any

I/We hereby declare that the foregoing statements are made by myself/ourselves and are true in all respects and that I/We have not attempted to conceal from the Company anything which it ought to be made acquainted.

N.B. Please give a rough sketch of the Breakage on the reverse.

Date 20

Signature of the Claimant