



The Oriental Insurance Company Limited
Head Office, A-25/27, Asaf Ali Road, New Delhi-110 002

Issuing
Office

CLAIM FORM FOR PLATE GLASS INSURANCE

Policy No: _____

Claim No. _____

1. Name of the Insured
2. Address
3. Address where glass is situated (Please State the precise position of the glass)
4. Size of the Plate broken
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 by the Insured.

DECLARATION

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

Date:

Place:

Signature of Insured