Glass Claim Form



NIG Commercial Claims P O Box 1151 Bromley BR1 9WB

Please note - you can complete this form on screen. When completing please use the tab and arrow keys to move between the relevant fields. Ensure you do not use the return or enter keys.

If completing by hand, please answer all questions using BLOCK CAPITALS.

You the Policyholder

Name of the Insured					
Address					
Town		County			
Postcode		Date Premium Paid			
Occupation		Telephone Number			
Policy Number		Value Added Tax. Are you a registered person or co		Yes	No
Please state the number	of bedrooms (include all rooms designated as	s bedrooms even if not used a	as such)		

2 Circumstances of the Claim

а	Date of breakage (dd/mm/yyyy)	Time			d	Was any person(s) responsible for breakage?		
		am		pm		Yes No		
b	Address of the premises where the	ne breakage occu	urred			If yes , say why		
с	Describe fully how breakage occu	ırred			е	Name and address of person(s) responsible		
					f	If they are insured against causing the damage, state Insurer's name, address and policy number		

- **3** General Information
- a Type of premises (i.e: shop, flat, house etc.)

b Were the premises unoccupied?

No

Yes

If yes, when last occupied?

3 General Information continued

5	Are you the owner of the premises? Yes No	е	Is there any other policy in force providing cover for this incident?
	If no , give name/address of owner		Yes No
ł	Are you responsible for replacement of the glass? Yes No	f	Were the police notified? Yes No
		g	Date of notification to police Police Crime Reference No

Description of Broken Glass

Signature

Number of pieces	Position, i.e. window, door, etc.	Type/thickness	Size in metres (m)	Cracked or broken?
	_			_
				_
	-		-	
	-	_		
	_	_		
	_	_	-	_

I/We declare that no material information has been withheld and that all statements on this form are true to the best of my/our knowledge and belief. In addition the articles and property belong to the persons named and no other person has any interest whether as Owner, Mortgagee or Trustee. I/We understand that you may seek information from other insurers to check the answers I/we have provided, and I/we authorise the giving of such information for such purposes.

Insurers and their agents share information with each other to prevent fraudulent claims and to decide whether to accept your proposal and, if so, on what terms via the Claims and Underwriting Exchange Register, operated by Insurance Database Services Ltd. A list of participants is available on request. The information you supply on this form, together with the information you have supplied on your application form and other information relating to the claim, will be provided to participants.

Date (dd/mm/yyyy)

Please complete and return this form as soon as possible. Damaged property should be protected from further deterioration but not disposed of without prior reference to the Company. If the claim is for repairable damage i.e. buildings, a Trademan's estimate will be required.



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