

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.

1 You the Policyholder

Name of the Insured	<input type="text"/>		
Address	<input type="text"/>		
Town	<input type="text"/>	County	<input type="text"/>
Postcode	<input type="text"/>	Date Premium Paid	<input type="text"/>
Occupation	<input type="text"/>	Telephone Number	<input type="text"/>
Policy Number	<input type="text"/>	Value Added Tax. Are you a registered person or company?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Please state the number of bedrooms (include all rooms designated as bedrooms even if not used as such)

2 Circumstances of the Claim

a Date of breakage (dd/mm/yyyy) Time <input type="text"/> <input type="text"/> am <input type="text"/> pm	d Was any person(s) responsible for breakage? Yes <input type="checkbox"/> No <input type="checkbox"/>
b Address of the premises where the breakage occurred <input type="text"/>	If yes , say why <input type="text"/>
c Describe fully how breakage occurred <input type="text"/>	e Name and address of person(s) responsible <input type="text"/>
	f If they are insured against causing the damage, state Insurer's name, address and policy number <input type="text"/>

3 General Information

a Type of premises (i.e: shop, flat, house etc.) <input type="text"/>	b Were the premises unoccupied? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes , when last occupied? <input type="text"/>
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