



BRANCHES:

HEAD OFFICE: 53 Knutsford Boulevard, Kingston 5. Telephone: 876-968-0600-6, Fax: 876-926-3957
 Half-Way Tree: 73 - 75 Half-Way Tree Road, Kingston 10. Telephone: 876-920-0600, Fax: 876-968-0146
 Mandeville: Shop #3, Manchester Shopping Centre, Telephone: 876-962-3778, Fax: 876-962-1088
 Montego Bay: 7 Market Street, Montego Bay, St. James Telephone: 876-952-1272, Fax: 876-979-0320
 Portmore: Lot1, Seagrape Close, Portmore Town Centre, Portmore, St. Catherine Telephone: 876-704-2862, Fax: 876-939-8446

GLASS BREAKAGE CLAIM FORM

Policy No.

1 Insured

Address

Business Tel. No.

2 Premises

Address where
breakage occurred Tel. No.

Trade or Business

3 Items

Situation in premises
(front return door etc.)

Type of glass

Approximate measurements Item No. in Policy
Schedule (if known)

Details of lettering
embossing etc.

Breakage Time

Date am/pm

Cause

Name and address of person causing breakage. If breakage caused
by a vehicle give number and a name and address of owner.

Was breakage caused by
employee of Insured?

Names and addresses of witnesses of breakage

a) b)

Have the Policy Authorities
been informed? Date

If so, at what station?

5 Replacement

Have instructions been

given for replacement?

Name and address of
firm carrying out work

I/We hereby declare that the following information given on this form is true to the best of my/our knowledge and belief.

Signature

Date
