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| SECTION 3<br>THE<br>PROPERTY<br>LOST OR<br>DAMAGED  | address of the owner   |  |
|   | Give name(s) of any other party having an interest in the property   |  |
|   | Are there any other insurances on the property? If "YES" give details (including Name, address and Policy No. of other insurers) | YES/NO   |
|   | State total value of insured property (Not for GLASS claims)   | BUILDING € _____ STOCK € _____<br>OTHER PROPERTY € _____ |
|   | State nature of occupancy of premises  |  |
|   | Are you responsible by agreement for the property?   | YES/NO. If Yes, please forward copy of the agreement.    |
| Have you ever before made a claim of this nature on any insurance company or underwriter? If "YES" give details | YES/NO. Nature of Claim _____<br>Name of Insurers: _____<br>AMOUNT PAID € _____  |  |

**DETAILS OF CLAIM**

**BREAKAGE OF GLASS:**

Size: \_\_\_\_\_ Was glass sound previous to Breakage? \_\_\_\_\_ YES/NO \_\_\_\_\_  
 Type: \_\_\_\_\_ Do you require the reglazing deferred until further notice . YES/NO \_\_\_\_\_  
 Situation: (e.g. door, window, showcase etc.): \_\_\_\_\_

**BUILDINGS (including boundary walls where specially insured).**

| Specify separately each room or building damaged or destroyed and how occupied | Age of building or damaged fixtures/fittings water tanks etc. | Date when last decorated (each room or part damaged) | Amount of tradesman's estimate<br>PLEASE ATTACH ESTIMATE | Adjustment for previous depreciation alterations or improvements | Net amount of claim |
|--|---|--|--|--|---------------------|
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If necessary continue on a separate sheet.

**CONTENTS** (mark an X in the last column if articles are on loan, hire or belong to a customer?)

