

## Massy United Insurance Ltd.

P.O. Box 1215 | Lower Broad Street Bridgetown BB11000 | Barbados

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VAT No.

## **GLASS INSURANCE CLAIM FORM**

Policy N	lo		Claim No.			
Branch	or Agent					
Ema Add	ail Address Iress (including Pos	stal Code	Telephone No Cell No.			
2. Date	e and time or break	age				
Cause of breakage     (State as fully as possible).						
4. By whom was breakage caused?						
5. Nam	nes and addresses	of any witnesses				
(2) If	re you claiming ast f as tenant, are you esponsible for repa	ı by terms of lease				
7. Are	premises at presen	nt occupied?				
8. How are you given instructions for replacement? If not: (1) Do you wish the company to do so? (2) Is immediate replacement required? or (3) would you prefer to have an undertaking to effect replacement when convenient to you?						
		9. PAR	TICULARS OF BREAKAGE			
Number of Squares	Whether Cracked or Broken out	Is Glass in a Conservatory, Greenhouse, Varandah or Outbuilding	Kind of Glass Broken	Size in in Height	nches Width	Whether Cracked or Broken out
I/ We h	lereby declare to th	le best of my/our knowledg	l e and belief the foregoing particulars are t	true and c	orrect.	
Date			Signature			