

## Glass Damage - Claim Form

The following must be completed, signed, dated and returned to Naturesave Insurance, either by post or email, with the following documentation:

- Proof of loss/damage (photographs/police report/statement of fact)
- Invoice for repair/replacement on a like for like basis

### Policy Details

<b>Insured:</b>			
<b>Policy Number:</b>			
<b>Start Date:</b>		<b>Contact Telephone:</b>	

### Claim Details

<b>Item(s) Damaged:</b>																			
<b>Date of Incident:</b> (on or around)	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> <tr> <td style="text-align: center; font-size: 8px;">d</td> <td style="text-align: center; font-size: 8px;">d</td> <td style="text-align: center; font-size: 8px;">m</td> <td style="text-align: center; font-size: 8px;">m</td> <td style="text-align: center; font-size: 8px;">y</td> <td style="text-align: center; font-size: 8px;">y</td> <td style="text-align: center; font-size: 8px;">y</td> <td style="text-align: center; font-size: 8px;">y</td> </tr> </table>									d	d	m	m	y	y	y	y		
d	d	m	m	y	y	y	y												
<b>Circumstances of damage:</b>																			
<b>Section of Cover:</b>	SECTION A – MATERIAL LOSS OR DAMAGE, EXTENSION TWO, GLASS																		
<b>Claim Amount:</b>	£																		
<b>Excess Applicable:</b>	£100.00																		
<b>Insurer:</b>	Catlin Insurance Company (UK) Limited																		
Are you VAT registered for the item(s) you are claiming?	<input type="checkbox"/> yes	<input checked="" type="checkbox"/> no																	

### Declaration

We declare that the Glass was sound prior to the damage described above	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no
We declare that we hold no other policies which could contribute towards this loss	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no
We declare that we are the sole owners or trustees of the property lost	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no
We declare we have provided accurate information to the best of our knowledge	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no

d	d	m	m	y	y	y	y

<b>Name</b>	<b>Signature</b>	<b>Date</b>
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