



## **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   |   |                    |                 |
|--|---|--------------------|-----------------|
| Insured:   |   |                    |                 |
| Policy Number:   |   |                    |                 |
| Start Date:  |   | Contact Telephone: |                 |
| <u>Claim Details</u>   |   |                    |                 |
| Item(s) Damaged:   |   |                    |                 |
| Date of Incident:<br>(on or around)  | d d m m y y y   |                    |                 |
| Circumstances of damage:   |   |                    |                 |
| Section of Cover:  | SECTION A – MATERIAL LOSS OR DAMAGE, EXTENSION TWO, GLASS |                    |                 |
| Claim Amount:  | £   |                    |                 |
| Excess Applicable:   | £100.00   |                    |                 |
| Insurer:   | Catlin Insurance Company (UK) Limited                     |                    |                 |
| Are you VAT registered for the item(s) you are claiming?                           |   |                    | ☐ yes      ⊠ no |
| <u>Declaration</u>   |   |                    |                 |
| We declare that the Glass was sound prior to the damage described above            |   |                    | ⊠ yes □ no      |
| We declare that we hold no other policies which could contribute towards this loss |   |                    | ⊠ yes □ no      |
| We declare that we are the sole owners or trustees of the property lost            |   |                    | ⊠ yes □ no      |
| We declare we have provided accurate information to the best of our knowledge      |   |                    | ⊠ yes □ no      |
|  |   | d                  | d m m y y y y   |
| Name Signature Date  |   |                    |                 |

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