



**NICO
General**

associated with  **Sanlam** group

NICO HOUSE, NICO HOUSE, P.O Box 2592, Blantyre; Tel: 01 822699; Fax: 01 822363
NICO CENTRE, P O Box 30421, Capital City, Lilongwe 3; Tel: 01 751366; Fax: 01 751365
MPICO HOUSE, P.O. Box 226, Mzuzu; Tel: 01 312876; Fax: 01 312564
Email: info@nicogeneral.com Website: www.nicogeneral.com

GLASS CLAIM FORM

**THE ISSUE OF THIS FORM IS NOT AN ADMISSION OF LIABILITY ON THE PART OF THE COMPANY.
(Please answer all questions as fully as possible)**

1. Name of Insured: _____
2. Address: _____ Tel. No.: _____
3. Policy No.: _____

4. Date of which breakage occurred	_____
5. Address of Premises where the breakage occurred.	_____ _____
6. Nature of business carried on in such premises. If unoccupied, state since what date.	_____ _____ _____
7. Cause of breakage (state full particulars)	_____ _____ _____
8. Name and Address of person responsible (if any)	_____ _____
9. Name and Address of any witness to the breakage.	_____ _____
10. Have you made any claim in respect of Glass during the past 3 years? If so, please give full details.	_____ _____ _____

PARTICULARS OF BROKEN GLASS:

DESCRIPTION OF GLASS BROKEN	WHETHER DOOR, WINDOW ETC.	SIZE OF BROKEN SQUARE	WHETHER CRACKED OR BROKEN OUT

I / We hereby declare that to the best of my / our knowledge and belief the foregoing statements and particulars are true and complete.

DATE: _____ 20 _____

SIGNATURE