

Claim No.

Glasshouse Claim Form

All the following questions should be answered as fully and accurately as possible

Policyholder Details

Name

Address

Postcode

Policy no.

Date premium paid

Telephone no: Home

Business

Occupation

V.A.T. Registration no.

(if not registered, state "none")

Date of loss or damage	Date	Time
Address at which loss or damage occurred		
What was the cause of the damage? (eg, fire, lightning etc.) If fire, state the exact cause (do you suspect arson?)		
Is any other party interested in any of the property in respect of which this claim is made? (eg, mortgagee, lessee)		
Are there any other insurances on the property whether effected by you or any other party? If so, state name of Insurer and policy number if known.		
Have you ever made a previous claim for loss or damage at these or other premises? If so, please give details.		
Are you registered for VAT? If not registered, state reason.		

I/We declare that the statements in this form are true to the best of my/our knowledge and belief and I/we claim the amount stated herein in respect of the property destroyed or damaged.

Signature of Policyholder

Date

Damage to glass

Policy Item no.	Number of sheets	Dimensions of each sheet	Area of each sheet	Total area in square feet	Insured value per square foot	Amount claimed
						£
						£
						£
						£
						£

Please turn over



NFU Mutual

