

Claim notification for Glass insurance

To speed up claim settlement, please answer all questions as precisely and comprehensibly as possible. The right answers should be cross-marked in the relevant square and supplementary questions should also be answered. Add any available documents.

Insured Name (Company name)		Policy number	
Street and house number (Registered office)		Telephone No.	
ZIP Code/ Town/city/village		E-mail address	
Company registration No. (individual birth number)		Bank account number for claim settlement	
Tax reference number			

Date and hour of loss occurrence	Date At : o'clock	
Location of loss occurrence	At Street..... House number Floor	
Detailed description of loss occurrence and loss course		
Ownership of objects damaged	<input type="checkbox"/> own items <input type="checkbox"/> foreign items taken over <input type="checkbox"/> foreign items rented, including leasing	
Are you a VAT payer?	<input type="checkbox"/> No <input type="checkbox"/> Yes - Please specify the tax authority address: VAT ID No.	
Was the loss investigated by the Police?	<input type="checkbox"/> No <input type="checkbox"/> Yes - Please specify the name and address of the police unit: Investigation case file No. ORP <i>(Add Police certificate of claim notification)</i>	
Did a similar loss happen to you in the past?	<input type="checkbox"/> No <input type="checkbox"/> Yes - Please specify what and when Claim No.	
Is this risk covered simultaneously by another policy?	<input type="checkbox"/> No <input type="checkbox"/> Yes - Please specify the name and address of the Insurer Policy No.	
Who is responsible for the damage incurred?	<input type="checkbox"/> Insured <input type="checkbox"/> Co-Insured <input type="checkbox"/> Employee <input type="checkbox"/> Sub-contractor <input type="checkbox"/> Other <input type="checkbox"/> Unknown offender	Name and address of person who caused or is responsible for the damage

Technical specifications, type of glassware	
Glass dimensions	
Glass supplement	<input type="checkbox"/> safety foil <input type="checkbox"/> promotional foil <input type="checkbox"/> other

I hereby declare that I answered truly and completely all the questions.

At Date
 Name and signature (stamp) of the Insured