



INSURANCE COMPANY JAMAICA LIMITED  
58 Half Way Tree Road, Kingston 10, Jamaica, W.I.

**PLATE GLASS CLAIM**

No. \_\_\_\_\_  $\frac{\text{P.G.}}{\text{S.C.}}$  \_\_\_\_\_ Year \_\_\_\_\_

Policy No. \_\_\_\_\_ Renewable \_\_\_\_\_

Name and Address of Insured \_\_\_\_\_

Address where breakage occurred \_\_\_\_\_

Business carried on in premises \_\_\_\_\_

Date of breakage \_\_\_\_\_ Date advised \_\_\_\_\_ Size of broken pane \_\_\_\_\_

Position of glass \_\_\_\_\_ Description of glass broken \_\_\_\_\_

Cause of breakage \_\_\_\_\_

Glazier's Name \_\_\_\_\_

Glazier's Estimate, \$ \_\_\_\_\_ inclusive less salvage allowance of \$ \_\_\_\_\_ =

		Date Paid	Voucher No.	Quart Estimate
Cost of Reimbursement	\$			
Cost of Boarding	\$			
Expenses	\$			
Gross Loss	\$			
Recovered	\$			
Net Loss	\$			

**REMARKS**

Entered on Policy Record \_\_\_\_\_

Signature

Date