



**D. GLASS BREAKAGE**

– If you are the tenant of commercial premises please provide proof that you are liable under the terms of your lease –

Description (Plain, Plate Etc)	Height	Width	Where fixed (window, door etc)

**E. PUBLIC LIABILITY**

1) Name and address of owner of property damaged: \_\_\_\_\_  
 Phone No: \_\_\_\_\_ Insurance Co: \_\_\_\_\_ (if known)

Was the owner known to you? \_\_\_\_\_ In what capacity: \_\_\_\_\_

2) Has a claim been made on you? Yes  No

If 'Yes' advise details \_\_\_\_\_

3) Names and addresses of witnesses of accident

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**DECLARATION: (failure to provide full and truthful information could result in the claim being declined)**

1) **I/We agree to The Company disclosing my/our personal information regarding this claim to:**

- (a) Other parties including other members of the Insurance Industry and the data base of the Insurance Claims Register (ICR Ltd) where it will be retained and made available to other insurance companies to inspect.
- (b) Parties who have a financial interest in the subject matter of the policy and parties repairing or replacing the subject matter of the claim.
- (c) I/We understand that I am/We are entitled to have certain rights of access to and correction of the personal information held by The Company and ICR Ltd.

2) **I/We agree to The Company obtaining personal information about me/us that is, in The Company's view, relevant to this claim.**

- (a) From any other party including other members of the Insurance Industry and from Insurance Claims Register Ltd (ICR Ltd) Which holds details of claims made by me/us under policies with other insurers.

To the best of my knowledge all the information and answers (whether written or oral) given to The Company in connection with this claim are correct and that no information relevant to the claim has been omitted.

Insured Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*(If a company, please state position or capacity)*

**IF THE CLAIM IS FOR BURGLARY, THEFT OR LOSS THE FOLLOWING STATUTORY DECLARATION MUST BE COMPLETED**

I hereby declare that the answers given above are in every respect correct and I make this solemn declaration conscientiously believing the same to be true and by virtue of Oaths and Declaration Act 1957.

Declared at: \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ Year \_\_\_\_\_

Signature: \_\_\_\_\_

Before me: \_\_\_\_\_

*Justice of the Peace or Solicitor or other person authorised to take a Statutory Declaration*