

Property loss inventory

Please attach receipts, valuations, invoices or other documents to support ownership, value, purchase or repair. If you do not provide full and correct information, this could result in your claim not being accepted.

1.	Description of property lost or damaged. Please state each article separately.	Date purchased				Present cost of replacement	Was this item new when purchased?
		m	m	y	y		
2.		m	m	y	y	Vt	<input type="radio"/> Yes <input type="radio"/> No
3.		m	m	y	y	Vt	<input type="radio"/> Yes <input type="radio"/> No
4.		m	m	y	y	Vt	<input type="radio"/> Yes <input type="radio"/> No
5.		m	m	y	y	Vt	<input type="radio"/> Yes <input type="radio"/> No
6.		m	m	y	y	Vt	<input type="radio"/> Yes <input type="radio"/> No
7.		m	m	y	y	Vt	<input type="radio"/> Yes <input type="radio"/> No
8.		m	m	y	y	Vt	<input type="radio"/> Yes <input type="radio"/> No
9.		m	m	y	y	Vt	<input type="radio"/> Yes <input type="radio"/> No
10.		m	m	y	y	Vt	<input type="radio"/> Yes <input type="radio"/> No

Glass breakage claims

Has a replacement been arranged? Yes No
If yes, please state who with?

Do you require us to settle the account? Yes No
If yes, where would you like payment made
 Glazier's account Your account

Name and address of witness B of accident

Full name			
Address			
Phone number			

Name of insurer of any property damaged

Note: The insured should not admit liability or advise he/she is insured.

Public liability claims

Was someone injured, or property damaged in your services, Yes No or in the service of any contractor or sub-contractor?

Name and address of person injured, or owner of property damaged

Has a claim been made upon you? Yes No
If yes please state details, and attach any relevant papers

Please give names, addresses and phone numbers of all witnesses
This information is of the utmost importance

Name and address of witness A of accident

Full name			
Address			
Phone number			

Storm claims

Did the storm cause damage to the building? Yes No
If yes please give brief details

Declaration

Please read this carefully before signing

- I declare the details on this form to be true and correct. I confirm the completion and signing of this form is a claim on TOWER and not only a notice of accident. I acknowledge that any untruth, wilful misrepresentation or gross inflation of amounts claimed, or suppression by or on behalf of me in any declaration or statement in support of the claim makes the policy void and the premium forfeitable.
- I/We authorise TOWER to obtain personal information about me/us from any other party and to release information relating to this claim to other parties.

Signature

Insured's signature								
Date	d	d	m	m	y	y	y	y