



# PROPERTY GLASS DAMAGE CLAIM FORM

Argus Insurance Company (Europe) Limited  
P.O. Box 45, Regal House, Tel: +350 200 79520  
Queensway, Fax: +350 200 70942  
Gibraltar

enquiries@argus.gi  
www.argus.gi

Please complete in full the relevant sections and submit it to:  
Argus Insurance Company (Europe) Limited, P.O. Box 45, Regal House, Queensway, Gibraltar.  
If any sections are not applicable please add N/A.

## INSURED

Full Name:

Policy No.:

Address:

Postcode:

Business or Occupation:

*(incl. part-time occupation)*

Phone No. Home:

Work:

Mobile No.

E-mail:

## EVENT

Date:

Time:

When and by whom discovered:

Address where loss occurred:

Postcode:

## PROPERTY

Are you the sole owner of the Property for which the claim is made?

Yes  No

If 'No', give details of interested parties:



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If you do not own the premises, please confirm whether you are responsible under the terms and conditions of your lease for any required building repairs?

- Yes (Please send the relevant pages of the lease)
- No (Please refer this aspect of your claim to your landlord)

State total value of Insured Property:

Buildings  Contents  Stock

Have you previously made a Property claim against any Insurer?  Yes  No

If 'Yes', give particulars:

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At the time of the occurrence were there any other insurances in force which would cover any of the damaged property, whether taken out by you or by any other person?  Yes  No

If 'Yes', give particulars:

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## RECOVERY SECTION

Is another party responsible for the loss/damage?  Yes  No

If 'Yes', give particulars:

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Please provide us with the Third Party details if known (e.g. name, address, telephone number, and insurer's details):


Please attach any supporting evidence such as photographs showing the damage, CCTV footage, name/address/telephone number of any witnesses to the incident:


## DAMAGE TO GLASS

State in full detail the cause and circumstances of the loss or damage:


What time did you call the glaziers?

What time did they attend?

Has the glass been boarded up?

Please provide details of the type of glass damaged? (*float, plate, laminate*)

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Has damaged occurred to any sign writing?

Yes  No

If 'Yes', please provide details:






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## DATA PROTECTION ACT – INFORMATION USES

Information you supply may be used for the purposes of insurance administration by the insurer, its associated companies and agents, by reinsurers and your intermediary. It may be disclosed to regulatory bodies for the purposes of monitoring and/or enforcing the insurer's compliance with any regulatory rules/codes. Your information may also be used for offering renewal, research and statistical purposes and crime prevention. It may be transferred to any country, including countries outside the European Economic Area for any of these purposes and for systems administration. In assessing any claims made, the insurer or its agents may undertake checks against publicly available information (such as electoral roll, county court judgments, bankruptcy orders or repossessions). Information may also be shared with other insurers either directly or via those acting for the insurer (such as loss adjusters or investigators). With limited exceptions, and on payment of the appropriate fee, you have the right to access and if necessary rectify information held about you.

## VERY IMPORTANT – FRAUDULENT AND EXAGGERATED CLAIMS

Deliberately exaggerated claims could invalidate your policy cover. Insurance fraud is a crime and liable to prosecution. The above answers to our questions will be the basis of consideration of your claim. You must ensure that all information is true, correct and complete to the best of your knowledge and belief, and that all material facts have been disclosed. A material fact is one that is likely to influence us in the assessment or acceptance of this claim, or application of cover under the terms and conditions of your policy. If you are in any doubt as to whether a fact is material, you must disclose it. Failure to do this may mean that your policy becomes invalid and a claim payment will not be made.

I / We declare that the foregoing particulars to be correct to the best of my/our knowledge and belief. I /We understand that you may seek information from Other insurers to check the answers I/we have provided. This report is made in the bona fide belief that litigation may ensue and to enable solicitors and/or agents to conduct such litigation and advise in relation thereto.

## DECLARATION

I / We declare that the foregoing particulars to be correct to the best of my/our knowledge and belief.

Policyholder's Signature:

Date: