

GGFi Domestic Installation Claim Form



Please complete this form as accurately as possible.

Policy Number:

Please Complete

Claim Number:

RS/GGF/

Your Name:

Your Address:

Post Code:

Contact Details:

Telephone Number

E-mail Address

Mobile

Installing Company:

Date of completion of Installation:

Please Complete

Installation Address:

If this address is the same as the one above, please leave blank

Date problem was first noticed:

Please Complete

How was payment made to the Installing Company:

Cash / Cheque

Debit Card

Credit Card

Finance

Please Provide in writing a description of your claim here

Claims description cont...

Has the installation had any work (other than routine maintenance) done since it was installed?

YES

NO

(If yes please provide details)

IMPORTANT

Please attach the following with this claims form:

1. FENSA certificate where applicable
2. Installing Companies Guarantee
3. Copy of certificate of insurance
4. Original Receipt
5. Three written quotations



Declaration:

I / We agree and give my / our full authority that enquiries may be made in connection with this claim with any of the parties having an interest or being party to the claim.

Name (please Print):

Signed:

Dated:

Please Return this claims form to:

**The 'GGF IBG Scheme'
The Glass & Glazing Federation
54 Ayres Street
London
SE1 1EU**

For Help contact us on:

**Tel: 020 7645 3744
Fax: 020 7357 6925
e-mail: claims@ggfi.org.uk**