

WINDSCREEN CLAIM FORM

PLEASE STATE AS FULLY AND AS ACCURATELY AS POSSIBLE THE INFORMATION ASKED FOR BELOW.
ACCEPTANCE OF THIS FORM IS NOT AN ADMISSION OF LIABILITY

INSURED: Name Address
Telephone No. Home Business.....

***SHOULD THE COMPANY BE LIABLE TO SETTLE THIS CLAIM PLEASE TICK THE APPLICABLE**

1. DEPOSIT CHEQUE INTO: BANK..... ACCOUNT NO..... BRANCH
2. SEND CHEQUE VIA MY BROKERS

VEHICLE: In use at the time of the accident by either the Insured or his driver.
Make/Model: Reg No.
Colour: Type of Body
State fully the purpose for which the vehicle was being used at the time of the accident:
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.....
.....

DRIVER: Name of Driver at the time of accident
Age: Driver's Licence Number
Date of Issue: Where Issued:

ACCIDENT: Date of Breakage Place where breakage occurred:
If Insured not present when did he/she receive notification of the breakage:

Repairer's Name: Cost of Replacement

Where can motor car be inspected?

How was the windscreen broken?

DECLARATION: I/We hereby declare and warrant that all the information, including any document(s) that I/We have provided herein, is true and correct and that I/We have not withheld from the Company any information within my/our knowledge in connection with the accident or loss. I/We further acknowledge that the information I/We have provided herein will induce the insurer to act thereon and accordingly declare that by signing below, I/We warrant that the information I/We have provided herein, in its entirety, is true and correct.

Date Name of Insured Signature of Insured