



CLAIM NO. _____
DATE OF LOSS: _____

WINDSCREEN DAMAGE CLAIM FORM

PLEASE ANSWER ALL QUESTIONS IN FULL. ANY DELAY IN RETURNING THIS FORM MAY PREJUDICE YOUR CLAIM UNDER THIS POLICY.

INSURED NAME: _____ PHONE: _____
INSURED ADDRESS: _____ FAX: _____
NAME OF DRIVER: _____
LICENCE NO: _____ TYPE: _____ DATE OF EXPIRY: _____

POLICY NO: _____ CLIENT REFERENCE NO: _____ DUE DATE: _____
VEHICLE: _____ BODY TYPE: _____ REGISTRATION _____
DATE OF LOSS: _____ TIME: _____ EXPIRY DATE OF CERTIFICATE OF ROAD
WORTHINESS _____ LOCATION & DETAILS OF LOSS _____

PLEASE ADVISE THE FOLLOWING:
ESTIMATED COST OF REPLACEMENT (ATTACH QUOTATION) \$..... PROPOSED REPAIRER.....
ADDRESS.....

DETAILS (IF ANY) OF INJURIES OR DAMAGE TO ANY OTHER VEHICLE/PROPERTY RESULTING FROM THE WINDSCREEN DAMAGE
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THIS CLAIM FORM IS TO BE USED FOR BROKEN WINDSCREEN AND/OR WINDOW GLASS ONLY. IF THERE IS ANY OTHER DAMAGE OR IF PERSONAL INJURIES HAVE BEEN SUSTAINED, THE COMPANY'S MOTOR VEHICLE CLAIM FORM MUST BE USED.

DECLARATION
I/We, the undersigned, do hereby warrant the truth of the forgoing Statements in the best of my/our knowledge, information and belief.

SIGNATURE OF CLAIMANT: _____ DATE: _____