



**WINDSCREEN DAMAGE  
CLAIM FORM**

CLAIM No. \_\_\_\_\_

DATE OF LOSS. \_\_\_\_\_

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

.....

.....

.....

**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: \_\_\_\_\_