



"INSURING YOUR PEACE OF MIND"

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### WINDSCREEN CLAIM FORM

INSURED: Name in full \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Occupation \_\_\_\_\_ Policy No. \_\_\_\_\_

Telephone No \_\_\_\_\_ Box No. \_\_\_\_\_

DRIVER: Name \_\_\_\_\_ Age \_\_\_\_\_

Drivers licence no. \_\_\_\_\_ Date issued \_\_\_\_\_

Where issued \_\_\_\_\_

VEHICLE: Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_ Reg. No. \_\_\_\_\_

Purpose for which vehicle was being used at the time of incident \_\_\_\_\_

\_\_\_\_\_

ACCIDENT: Date \_\_\_\_\_ Place where breakage occurred \_\_\_\_\_

State of how breakage occurred \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If Insured was not present, when was breakage reported to him? \_\_\_\_\_

\_\_\_\_\_

DAMAGE: Indicate nature of damage to glass on sketch

Is immediate or future replacement required? \_\_\_\_\_

Repairer's name \_\_\_\_\_ Estimate R \_\_\_\_\_

Where may vehicle be inspected? \_\_\_\_\_

I/We declare the foregoing particulars to be true in every aspect.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_