

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: _____