

WINDSCREEN CLAIM FORM

INSURED INFOR	RIMATION	V										
Name (First, Middle Name, Surname or Company) ¹										Contact Number ²		
Address ³						Occupation / Nature of Business ⁴				Email⁵		
VEHICLE INFORI	MATION											
Registration Number ⁶ Make & Model ⁷										Year of Manufacture ⁸		
Policy Number ⁹			Policy Period: dd/mm,						Windscreen Limit ¹¹			
			From:			To:						
DRIVER INFORM	/ATION											
Name (First, Middle Name, Surname) ¹²					Relationship to Owner ¹³ Conta				act Number ¹⁴			
Address ¹⁵					Occupation / Nature of Business ¹⁶				Emai	Email ¹⁷		
Date of Birth: dd/mm/yyyy ¹⁸ Drive			iver's Permit Number ¹⁹ C		ass ²⁰		Date of Issue	: dd/mm/yyyy ²	1	Expiry Date: dd/mm/yyyy ²²		
CIRCUMSTANCE OF WINDSCREEN DAMAGE												
					ation ²⁵							
Indicate Damage ²⁶ : □ Windscreen/Window Glass shattered □ Windscreen/Window Glass Cr									ass Cracked			
Front Winds			Right Front Glass					Quarter Glass				
☐ Rear Winds	creen									Quarter Glass		
										(If yes, provide details)		
Describe how the	damage oc	curred ²⁸										
DECLARATION												
I/We declare tha	at the abo	ve partic	ulars are true and co	orrect t				ge and beli	ef.			
Insured's Signature & Company Stamp (if applicable)					Driver's Signature					Date: dd/mm/yyyy		
OFFICIAL USE ONLY												
Inspected by						Inspected:		nount	Name & Address of Repairer			
					11111		Received					
Date Received: Branch/Agent/Bro		ent/Broker	oker Re		ceived by				Signature			