

CLAIM FORM – WINDSCREEN

INSURED

Name	
Policy No.	
Occupation	
Telephone	
Postal Address	

MOTOR VEHICLE

Make		Type		Sum insured	
Year of Manufacture				CC	
Registration No					
Purpose for which it was being used at the time of accident.					

DRIVER OF MOTOR VEHICLE

Name					
Age					
Address					
Driving Licence No		Date of Issue			
Groups Covered		How long has (s)he been driving motor			
Vehicle					
Give full details of all driving convictions and endorsements of Licence.					
Has (s) he been concerned in any previous accidents, if so, give details.					

PARTICULARS OF DAMAGE

Date		Time	
Place			
State weather and light at time of accident			
Speed of vehicle		Mph/Km per hour	
Type of Road Surface			
Explain briefly how the breakage happened			

DAMAGE OWN VEHICLE

State extent of Damage			
Where can the vehicle be inspected?			
Estimated Cost of Repairs			
Was the glass or surround damaged or weakened in any way before this incident?			

DECLARATION:

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

DATE:

SIGNATURE: