



## WINDSCREEN CLAIM FORM

### INSURED INFORMATION

Name (First, Middle Name, Surname or Company) <sup>1</sup>		Contact Number <sup>2</sup>
Address <sup>3</sup>		Occupation / Nature of Business <sup>4</sup>
		Email <sup>5</sup>

### VEHICLE INFORMATION

Registration Number <sup>6</sup>	Make & Model <sup>7</sup>	Year of Manufacture <sup>8</sup>
Policy Number <sup>9</sup>	Policy Period: dd/mm/yyyy <sup>10</sup> From: To:	Windscreen Limit <sup>11</sup>

### DRIVER INFORMATION

Name (First, Middle Name, Surname) <sup>12</sup>		Relationship to Owner <sup>13</sup>	Contact Number <sup>14</sup>
Address <sup>15</sup>		Occupation / Nature of Business <sup>16</sup>	Email <sup>17</sup>
Date of Birth: dd/mm/yyyy <sup>18</sup>	Driver's Permit Number <sup>19</sup>	Class <sup>20</sup>	Date of Issue: dd/mm/yyyy <sup>21</sup> Expiry Date: dd/mm/yyyy <sup>22</sup>

### CIRCUMSTANCE OF WINDSCREEN DAMAGE

Date of Incident: dd/mm/yyyy <sup>23</sup>	Time <sup>24</sup> <input type="checkbox"/> AM <input type="checkbox"/> PM	Location <sup>25</sup>
Indicate Damage <sup>26</sup> :		
<input type="checkbox"/> Front Windscreen	<input type="checkbox"/> Windscreen/Window Glass shattered	<input type="checkbox"/> Windscreen/Window Glass Cracked
<input type="checkbox"/> Rear Windscreen	<input type="checkbox"/> Right Front Glass	<input type="checkbox"/> Right Rear Glass
<input type="checkbox"/> Left Front Glass	<input type="checkbox"/> Left Rear Glass	<input type="checkbox"/> Right Rear Quarter Glass
	<input type="checkbox"/> Left Rear Quarter Glass	<input type="checkbox"/> Sun Roof
Was there is any other damage to the vehicle <sup>27</sup> ?		<input type="checkbox"/> YES <input type="checkbox"/> NO (If yes, provide details)
Describe how the damage occurred <sup>28</sup>		

### DECLARATION

I/We declare that the above particulars are true and correct to the best of my knowledge and belief.

Insured's Signature & Company Stamp (if applicable)	Driver's Signature	Date: dd/mm/yyyy

### OFFICIAL USE ONLY

Inspected by	Location	Date Inspected: dd/mm/yyyy	Estimate Amount <input type="checkbox"/> Received	Name & Address of Repairer
Date Received: dd/mm/yyyy	Branch/Agent/Broker	Received by	Signature	