

# Windscreen CLAIM FORM



## BROKER INFORMATION

Broker	Contact No
Contact Person	Email

## INSURED DETAIL

Insured Name	Contact No
Policy No	Excess
Claim No	Vat No

## DRIVER DETAIL

Driver Name	
Age	ID No
Licence No	Issue Date

## VEHICLE DETAIL

Make	Model
Year of Manufacture	Registration No
Engine No	Vin No

## ACCIDENT AND DAMAGE

Date of Loss	
What caused the Breakage	
Place	
Description of Damage	
Damage Estimate	
Repairer's Name	Contact No
Where can Vehicle be inspected	

## DECLARATION AND SIGNATURE

I herewith warrant that the information as set out above is true and correct in every respect.

Signature of Insured	Date
Signature of Driver (if other than insured)	Date

(Excess is payable direct to the repairer. There is no excess payable if the windscreen is repaired rather than replaced.)



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