**WINDSCREEN DAMAGE CLAIM FORM**

|  |  |
| --- | --- |
| **Claim Number** |  |
| **Policy Number** |  |

BROKER / AGENT

|  |  |
| --- | --- |
| **Name** |  |
| **Claim Ref** |  |

INSURED/DRIVER DETAILS

|  |  |
| --- | --- |
| **Name of Insured** |  |
| **Age** |  |
| **Licence Details** |  |
| **Date Issued** |  |
| **Where Issued** |  |

VEHICLE DETAILS

|  |  |
| --- | --- |
| **Make** |  |
| **Model** |  |
| **Year** |  |
| **Registration Number** |  |
| **Place where breakage occurred** |  |
| **State how breakage occurred** |  |
| **If Insured was not present, when was Breakage reported?** |  |

DAMAGE

|  |  |  |  |
| --- | --- | --- | --- |
| **Indicate damage on sketch** |  |  |  |
| **Is immediate or future replacement****required?** |  |
| **Repairer’s Name** |  |
| **Estimate** |  |
| **Date of Loss** |  |
| **Where may vehicle be inspected?** |  |

I/we declare that the foregoing particulars to be true in every respect. Signed:

Insured:

Driver, it other than Insured:

Date: