

Windscreen Damage Claim Form

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Client Details

Policy No.:						
Insured's Name:						
Address:						
Occupation:						
Telephone No.:						
Details		,				
Vehicle make:				Model:		
Registration No.:				Year:		
Circumstance of loss						
Date of loss:						
State how breakage occurred:						
Extent of damage:						
I hereby declare that the information supplied is true and correct in every respect.						
Signature of driver				Date		