

Windscreen

Claim form

BROKER INFORMATION

Broker	Contact no.
Contact person	Email

INSURED DETAILS

Name of insured	Contact no.
Policy no.	Excess
Claim no.	VAT no.

DRIVER DETAILS

Name of driver	
Age	ID no.
Licence no.	Issue date

VEHICLE DETAILS

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 directly to the repairer. No excess is payable if the windscreen is repaired rather than replaced.

