



WINDSCREEN/GLASS CLAIM FORM

In this claim form we are collecting information to enable us to evaluate your claim.

- The issue of this form does not constitute an admission of liability and is issued without prejudice.
- Please return this form promptly and make sure that all questions are fully answered.

1. THE INSURED

Insured's Name (Company if applicable)

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Address

Contact Name

Tel No.

Mobile

2. THE INSURED VEHICLE

Year	Make	Model	Body Type	Registration No and Chasis Number:

3. DATE

Date damage occurred:

4. CAUSE OF DAMAGE

How did damage occur:

.....

5. REPAIR

Name of repairer:

Date of repair:

Cost of repair:

6. DECLARATION

I declare that all of the statements and information in this claim form are correct.

Signature of Insured:

Name printed

Date: