



CLAIM FORM FOR WINDSCREEN / WINDOW DAMAGE

POLICY NO. _____

SECTION 1 - PERSONAL DETAILS

1. Full Name of Insured: _____

2. Contact Details:

(Tel): _____ PIN No: _____

ID No: _____ (Email): _____

(Postal): _____ (Code): _____

SECTION 2 - VEHICLE DETAILS

3. Motor Vehicle Reg. No.: _____

Make and Model: _____

SECTION 3 - INCIDENT DETAILS

9. Description of incident and damage:

10. Where can Vehicle be inspected? Give details and address if necessary:

11. Has any damage been caused to the Vehicle other than the breakage of the Windscreen/Window?

☐ Yes ☐ No

If so, please provide details of other damage:

DECLARATION

I/We hereby declare that the whole of the statement made by me/us in this Form of Claim are in every respect true, and I/we agree that if I/we have made any false or untrue statement or statements, or if there be any suppression or concealment of any material fact, my/our right to recover under the Policy shall be absolutely forfeited.

Date: _____

Signature (Rubber stamp if corporate): _____

Important Notice:

The cover afforded under the Windscreen extension endorsement may be exhausted by this claim but can be reinstated on payment of the appropriate premium. If you require the cover to be reinstated please submit your instructions.