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**WINDSCREEN GLASS (MOTOR) CLAIM FORM**

Name of the Insured: …………………………………………………………………………………………………………………………….

Address: …………………………………………………………………………………………………………………………….

Telephone No: ………………………………………………………….Fax No:…………………………………………………….

Email: …………………………………………………………………………………………………………………………….

Policy No: …………………………………………………………………………………………………………………………….

Make of Vehicle: ……………………………………………………...Year of manufacture:…………………………………..

Registration No: …………………………………………………………………………………………………………………………….

Date of breakage/damage………..………………………………………..Time…………………………..Place………………………

Description of incident and damage:………………………………………………………………………………………………………...

………………………………………………………………………………………………………………………………………………………………....

………………………………………………………………………………………………………………………………………………………………….

Name of driver:……………………………………………………………………………..Tel No:………………………………………………

Do you wish to reinstate the windscreen cover?..........................................................................................

Is replacement windscreen same type as broken one?.................................................................................

Was any damage caused to the vehicle other than breakage of the windscreen/ window?........................

Describe damage:………………………………………………………………………………………………………………………………………

………………………………………………………………………………………………………………………………………………………………….

I/We, the above named, do hereby, to the best of my/our knowledge and belief, warrant the truth of the answers and particulars given on this form and that I/We have withheld no material information and I/We hereby claim for the damage as set out on this form.

Date …………………………………………………………… signature of the Insured……………………………………

**PLEASE COMPLETE THIS FORM AND AVAIL THE FOLLOWING**

1. Copy of logbook C) Driver’s driving permit/License
2. At least two replacement quotations