

WINDSCREEN - CLAIM FORM

GENERAL INFORMATION

SURNAME (Mr/Mrs/Ms/Dr)	
NAME	
Residential/ Business Address	
Policy Number	
Phone Number & contact person	

MOTOR VEHICLE DETAILS

Make & Model	
Registration Number	
Year & Mileage	
For what purpose the vehicle being used?	

DETAILS OF THE DRIVER

Name of Driver	
Date of Birth	
Address of Driver	
Licence Number, Date Issue and Class	

ACIDENT DETAILS

Date of Breakage	
Proposed Repairer/ Glazier	
Repair or replacement Cost	

Description how the damage occurred:

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Date.....**Signature of Driver**