



WINDSCREEN GLASS (MOTOR) CLAIM FORM

The issue of this form is not to be taken as an admission of liability

Name of Insured:

Address:

Telephone No: Email Address:

Policy No: Expiring on:

Make of vehicle: Year of Manufacture:

Registration No:

Date of breakage: Time: Place

Cause of breakage:

Estimated Cost of Repair/Replacement

Name and Address of the Driver

Driving Permit No..... Date of Expiry.....

State whether premium is paid in full and to whom?

Have you lodged any claim under this policy before? If so give details

.....

Do you wish to reinstate the windscreen cover?

Date

Signature & Stamp

I/We, the above named, do hereby, to the best of my/our knowledge and belief, warrant the truth of the foregoing statement in every respect.

PLEASE COMPLETE THIS FORM AND AVAIL THE FOLLOWING

1. Copy of the log book.
2. Copy of the valid driver's permit (for accidental damage).
3. At least two repair/replacement quotations.

Note:

1) For any claim to be registered, please ensure that your vehicle is brought to our offices for inspection and photographs of the damage taken by our claims staff.

2) Exaggeration of claim amount or deliberate submission of falsified/fraudulent documents will render your claim inadmissible for payment.