

WINDSCREEN CLAIM FORM


Policy holder details

Insured		Policy Number	
Cell Number		Tel Number	

Details of loss / damage

Date of Loss		Time of Loss	
Description of Loss			

Vehicle detail

Vehicle Make / Model	
Year Model	
Registration Number	
VIN Number	
Engine Number	

DECLARATION

I / We hereby declare the forgoing particulars to be true and accurate in every respect.

Signed at _____ on this _____ day of _____ 20_____

Name: _____ Witnessed by: _____

Capacity: _____ Signature: _____