

WINDSCREEN CLAIM FORM

Insured	Policy Number
Cell Number	Tel Number
tails of loss / damage	
Date of Loss	Time of Loss
Description of Loss	
_	
ehicle detail	
Vehicle Make / Model	
Year Model	
Registration Number	
Registration Number VIN Number	
Registration Number VIN Number Engine Number	
Registration Number VIN Number Engine Number DECLARATION	q particulars to be true and accurate in every respect.
Registration Number VIN Number Engine Number DECLARATION	ng particulars to be true and accurate in every respect.
Registration Number VIN Number Engine Number DECLARATION I / We hereby declare the forgoin	ng particulars to be true and accurate in every respect on this day of 20
Registration Number VIN Number Engine Number DECLARATION I / We hereby declare the forgoin	