

WINDSCREEN DAMAGE CLAIM FORM

Claim no. _____ Policy no. _____

Insured: _____

Address: _____

Occupation _____

Telephone No. (s) _____

Driver Details: _____

Vehicle: Make: _____ Model: _____ Year: _____

Registration: _____

Details:

Date of loss: _____

State how breakage occurred: _____

Glass Damage: _____

Glazier: _____

I/We declare the foregoing particulars to be true in every respect.

Date: _____

Signed: _____