

Windscreen Claim Form

INSURER	
POLICY NUMBER	
INSURED	
Company / Insured's Name	
Business / Occupation	
Address and contact details; i.e. Tel, Cell and Email Address	
Company Registration/ CK No. and VAT No.	
Date and time of breakage:	
Cause of breakage:	
Vehicle details:	
Registration / VIN Number:	
Description of broken glass:	
Cracked or shattered?	
Any sign-writing/tinting/ smash and grab on the glass?	
Is there any other insurance covering the broken glass? If so, give name of Insurer.	

DECLARATION

I/we declare that to the best of my/our knowledge the above statements are truly made.

Signature of Insured: _____

Capacity: _____

Date: _____