



MOTOR WINDSCREEN CLAIM FORM

REMEMBER: Incomplete answers will lead to delayed processing of your claim.

INSURED	Name _____ Tel. No. _____ Address _____ Business/Occupation _____
VEHICLE	Make & Model _____ Year of manufacture _____ Reg. No. of Vehicle _____ Carrying capacity _____
USE	State the EXACT PURPOSE for which the vehicle was being used at the time of the accident _____ _____ _____ _____
DRIVER'S DETAILS (even if the insured)	Name _____ Occupation _____ Date of Birth _____ Address _____ Tel No. _____

ACCIDENT

Date _____ Time _____ a.m./p.m.

Place _____

Type of road surface. _____

Visibility _____ Wet or Dry? _____

Estimate speed before accident _____

Weather condition _____

**STATEMENT
BY DRIVER**

Signature of Driver _____

*I DECLARE that these particulars are true and correct and undertake to forward immediately
(and answered) any correspondence to this accident.*

Date _____ Name _____

Signature of Insured _____
(and stamp)

IMPORTANT

Please attach the following documents: -

- Original receipt for replacement of the windscreen.
- Photo of the damaged windscreen before replacement and photo after replacement.