



WINDSCREEN REPORT/ CLAIM FORM

Claim No.	
Policy No.	
Policy Period/...../..... to/...../.....

NB. All questions are to be answered in full and should be true and correct. N/A means Not Applicable.

THE POLICYHOLDER

Name:.....	Mr./Mrs./Miss	Date of Birth:.....
Address:.....		Phone:.....
Occupation:.....	Employer:.....	Phone:.....
Email Address:.....		

THE DRIVER

Is the driver named or authorized on the policy? Yes No

Name:.....	Mr./Mrs./Miss	Date of Birth:.....
Address:.....		Phone:.....
Occupation:.....	Employer:.....	Phone:.....
Email Address:..... Driving Experience:.....		
Driver's Licence No.:.....	Date Issued:.....	Was it ever suspended or endorsed?.....
If yes, explain.....		
Relationship to Insured:.....		Were you driving on the Insured's permission?.....
For what purpose was the vehicle being used?.....		

THE VEHICLE

Year:.....	Make:.....	Model:.....	Reg No:.....	Cc/hp:.....
Colour:.....		Chassis No:.....	Sum Insured:.....	
Any physical modification or alteration since last proposal?..... Was there any unrepaired damage prior to the accident?..... If so, give details:				
State name of any company with a financial interest in the vehicle:				

THE ACCIDENT

Date of Accident:.....	Time:.....	Place:.....
Were particulars taken by the Police?.....		Address of Police Station:.....
Name of Officer taking particulars.....		Were you warned for prosecution?.....
Who in your opinion was to blame?.....		
Which Glass was damaged?	Front Windshield <input type="checkbox"/>	Rear Windshield <input type="checkbox"/> Right Front Door Glass <input type="checkbox"/>
Right Rear Door Glass <input type="checkbox"/>	Left Front Door Glass <input type="checkbox"/>	Left Rear Door Glass <input type="checkbox"/>
FULL DESCRIPTION OF CIRCUMSTANCES OF ACCIDENT		
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I/We hereby declare that the foregoing particulars given by me/us have been read over and found to be true and correct in every respect, and I/we agree that if I/we have made, or in any further declaration the Company may require in respect of the said accident shall make, any false or fraudulent statement, or if found guilty of any suppression or concealment, the policy shall be void and all rights to recover thereunder in respect of past or future accidents, shall be forfeited.

****NB.** The glass damage cover has been exhausted by this claim however, you have the option of reinstating same by paying the applicable premium.

..... Signature of Insured Signature of Driver (other than insured) Date
..... Witness (Please print name) Signature of Witness	