

# WINDSCREEN/WINDOW DAMAGE CLAIM FORM



1. Policy Number \_\_\_\_\_
2. Name of Insured \_\_\_\_\_ Address \_\_\_\_\_
3. Vehicle Registration No. \_\_\_\_\_ Estimated cost of Reinstatement Shs. \_\_\_\_\_
4. Make & Type of Vehicle \_\_\_\_\_ Name of Garage \_\_\_\_\_
5. Date of Incident \_\_ / \_\_ / \_\_\_\_\_
6. Name of driver of Vehicle \_\_\_\_\_
7. Description of incident and damage: \_\_\_\_\_  
\_\_\_\_\_
- 9 Has any damage been caused to the vehicle other than the breakage of the Windscreen/Window? \_\_\_\_\_

I/We hereby certify that the above answers are true to the best of my/our knowledge and belief

Date: \_\_ / \_\_ / \_\_\_\_\_

Signature \_\_\_\_\_

## IMPORTANT NOTE:

The cover afforded under the Windscreen extension endorsement has come to an end as a result of this claim.

The cover can be reinstated on payment of the appropriate premium. If you require the cover to be reinstated simply write to us giving us your instructions and enclosing your remittance.