




**WINDSCREEN CLAIM FORM**

**PLEASE PRINT CLEARLY & ANSWER ALL QUESTIONS**

<b>1. INSURED</b>	POLICY NO.
NAME	OCCUPATION
HOME ADDRESS	CONTACT NO(s). (H)
	(W)
	(C)
BUSINESS ADDRESS	
DRIVER'S NAME	CONTACT NO(s).
DRIVER'S ADDRESS	LICENCE TYPE/NO.
<b>2. VEHICLE DETAILS</b>	
YEAR/MAKE/MODEL/REG. NO.	
<b>3. CLAIM DETAILS</b>	
DATE OF INCIDENT	TIME OF LOSS
LOCATION	
ESTIMATE OF REPAIRS (\$)	
REPAIRER'S NAME & ADDRESS	
<b>4. DAMAGE DETAILS</b>	
<b>STATEMENT</b>	
DESCRIBE HOW DAMAGE OCCURRED	
INDICATE ALL AREAS OF DAMAGE TO VEHICLE	
R	
F	
<p><b>Please attach copy current driver's licence, registration &amp; fitness certificates and proforma invoice/estimate to this form</b></p> <p>I/We do declare that the foregoing particulars are true in all aspects, and the information given in this form is true and correct to the best of my/our knowledge belief</p>	
INSURED'S SIGNATURE	DATE
DRIVER'S SIGNATURE	DATE
<b>FOR OFFICIAL USE ONLY</b>	
INSPECTED BY	DATE