



**General Accident Insurance Company Jamaica Ltd.**

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**WINDSCREEN CLAIM FORM**

*PLEASE PRINT CLEARLY AND ANSWER ALL QUESTIONS*

INSURED'S NAME & ADDRESS	
Name	Occupation
Home Address	Telephone No.
Business Address	Telephone No.
Policy No.	Cellular No.
Driver's Name	Licence Type/No.

VEHICLE DETAILS			
Make & Model	Year	Registration No.	Chassis No.

CLAIM DETAILS	
Date of Incident	Time
Where did damage occur?	Was there any other damage to Vehicle?
Estimate of Repairs	
Repairer's Name & Address	

*(PLEASE ATTACH PRO-FORMA INVOICE/ESTIMATE TO THIS FORM)*

DAMAGED DETAILS
Describe how the damage occurred

*(PLEASE ATTACH COPY OF DRIVER'S LICENCE)*

I/WE do declare that the foregoing particulars are true in all aspects.

Insured's Signature \_\_\_\_\_ Date \_\_\_\_\_

Driver's Signature \_\_\_\_\_ Date \_\_\_\_\_

<b>FOR OFFICE USE ONLY</b>	Damage Inspected by _____	Date _____
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