

## **MOTOR WINDSCREEN DAMAGE CLAIM FORM**

This claim form should not be used if there is any loss, damage, and/or bodily injury to third party property / person arising from the same accident.

Name of Insured: .....

Address: P.O. Box: ..... Telephone No. ....

Policy Number: .....

Registration No. of Vehicle: ..... Make and Type: .....

Name of Driver: .....

Driving License No: ..... Date of Issue: .....

Date of Renewal: ..... Valid up to: .....

*(Attach Copy of License)*

Date of Occurrence: .....

Cause of Damage: .....

Name of Repairer: .....

Cost of Replacement: .....

*(Attach Original Receipt of Payment)*

I/We the above named do hereby, declare that the above answers are true to the best of my / our knowledge and belief.

Date: ..... Signature: .....

*(Rubber Stamp where applicable)*

### **IMPORTANT NOTE**

On settlement of a claim, the windscreen's cover lapses and can be reinstated on payment of additional premium. At your option, the reinstatement premium may be deducted from the claim amount.