

## MOTOR WINDSCREEN CLAIM FORM

Please answer each question as fully as possible and return this form without delay.

Reference:

Policy Holders Name:

Policy Number:

Address:  
(In full)

Tel Number:

Email:

Occupation:

### Vehicle and Driver particulars:

Make and model of vehicle:

Registration number:

Nature of damage and (estimated) cost of repair:

Name of driver or person last in charge of vehicle:

### Particulars of accident:

Date: DD / MM / YY Place:

Cause of damage and details of any other parties involved:

I/We hereby declare that the above statements are true and correct to the best of my/our knowledge and belief.

Signature of Policyholder: \_\_\_\_\_ Date: \_\_\_\_\_