



Motor Windscreen Claim Form

Reference _____

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

Policyholder

Name _____

Policy no. _____

Address _____

Telephone no.

Home _____

Business _____

_____ Postcode _____

Occupation _____

Vehicle and

Make and model of vehicle

Driver

particulars

Registration details

Nature of damage and (estimated) cost of repair

Name of driver or person last in charge of vehicle

Particulars

Date _____ Place _____

of Accident

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 _____