



CLAIM FORM

MOTOR WINDSCREEN CLAIM FORM

CLAIM No.: _____

1) Name of Insured: _____

2) Address: _____ Telephone No: _____

3) Policy No.: _____

4) Reg. No. of Vehicle: _____ Make: _____ Type: _____

5) Name of Driver: _____

6) Date of Damage: _____

7) Cause of Damage: _____

8) Name of Garage: _____

9) Cost of Replacement: _____

10) Has any damage been caused to the Vehicle other than the breakage of the windscreen?

I / We hereby certify that the above answers are true to the best of my / our knowledge and belief.

Date: _____ Signature: _____

IMPORTANT NOTE:

The cover afforded under the Windscreen extension endorsement has come to an end as a result of this claim. The cover can be reinstated on payment of the appropriate premium. If you require the cover to be reinstated simply write to us giving us your instructions and enclosing your cheque for the additional premium