

## MOTOR VEHICLE WINDSCREEN CLAIM FORM

<b>Insured</b>	Name			
	Policy number			
	e-mail address			
	Contact person			
	Contact number			
	VAT number			
<b>Incident</b>	Date of loss		Date that loss was reported	
	Date that the loss was discovered		Cracked or Shattered	
	Cause of Breakage			
	Was the vehicle used for business purposes at the time of the loss?		Driver's name at the time of the incident	
<b>Full details of vehicle</b>	Make			
	Model			
	Year			
	Registration number			
	VIN			
	Chassis number			
<b>Declaration</b>	I / we declare that to the best of my / our knowledge the above statements are true/			
	Insured's Signature	Capacity	Date	

\* DO NOT REPLY TO ANY CORRESPONDENCE FROM ANY THIRD PARTY