

**WINDSCREEN CLAIM FORM**

**INSURED'S NAME AND ADDRESS**

Policy Number.....  
Name .....  
Address .....  
Telephone Number .....

**DRIVERS NAME**

Name .....  
Date of Birth .....

**VEHICLE DETAILS**

Make ..... Model .....  
Year ..... CC..... Registration Number .....

**VAT STATUS**

Are you VAT registered? YES  NO

**DATE OF BREAKAGE**

Date ..... Time .....

**DETAILS OF EVENT**

Place .....  
Town .....  
Description of Event .....

Purpose of Journey .....

Was there any other damage/loss as a result of this incident, (i.e. other vehicles, property or people?) .....

**DO YOU HOLD ANY PERSON(S) RESPONSIBLE?**

YES  NO  If YES who? .....

If vandalised were police informed? YES  NO  If YES give brief details on the reverse of this form.

**If applicable, why did you not take advantage of the scheme recommended by underwriters with a national windscreen replacement service?**

I declare that the foregoing statements are true to the best of my knowledge and belief and that the vehicle detailed was damaged under the circumstances described above.

Date ..... Insured's signature .....