

WINDSCREEN CLAIM FORM

INSURED'S NAME AND ADDRESS

Policy Number.....
Name
Address
Telephone Number
E-mail Address.....

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?

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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