



Windscreen / Window Glass Claim Form

IMPORTANT NOTICE |

- 1** Please note that we will require the Original ETR receipts and Photos of the vehicle before and after replacement of the windscreen if you have already replaced the windscreen/window glass
- 2** The cover afforded under the windscreen extension endorsement has come to an end as a result of this claim and you need to reinstate it by paying additional premium.

1 Insured. |

2 Postal Address / Postal Code / Town |

3 Telephone No. |

4 Email Address. |

5 POLICY No. |

6 Motor Vehicle Registration No. |

7 Make and Type of Vehicle |

8 Date of Incident. |

9 Name of Driver. |

10 Full description of the incident. |

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11 Has any damage been caused to the vehicle other than the breakage of the windscreen/window glass? | YES NO

If yes, state the damage

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

NAME	SIGNATURE & STAMP OF THE INSURED	DATE

Company Stamp / Seal.