CLAIM FORM - Windscreen / Window Damage

1. Policy No. _____

2. Insured _____

3. Address _____

_____

4 Vehicle Registration No. _____   Estimated cost of Reinstatement Shs _____

5 Make & Type of Vehicle: _____   Name of Garage_____

6 Name of driver of Vehicle _____

7 Date of accident / damage

8 Description of incident and damage: _____

_____

_____

_____

_____

_____

_____

_____

_____

9 Has any damage been

caused to the vehicle

other than the breakege

of the Windscreen / Window?

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

Date _____   Signature _____

Important Note:

The cover afforded under the Windscreen extension endorsement has come to end as result of this claim.

The cover can be reinstated on payment of the appropriate premium. If you require cover to be reinstated simply

write to us giving us your instructions and enclosing your remittance

I/We accept that incorrect information will invalidate this claim and may lead to prosecution.

W/S 4/2014