



## WINDSCREEN CLAIM FORM

1. Insured \_\_\_\_\_
2. Insured's contact \_\_\_\_\_
3. Make and type of a vehicle \_\_\_\_\_
4. Registration number \_\_\_\_\_
5. Date on which damage occurred \_\_\_\_\_
6. Name of driver \_\_\_\_\_
7. Description of incidence & damage \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I do hereby warrant the true of the answer and particulars given on this form, and I have withheld no material information and I hereby claim for the damage as set out on this form hereto, amounting in all to ZMK \_\_\_\_\_

Dated this \_\_\_\_\_ day of \_\_\_\_\_ 20

Signature of insured \_\_\_\_\_