

# WINDSCREEN DAMAGE CLAIM FORM



Claim number	Policy number
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## Insured/driver details

Name of insured / driver	Age
License details	
Date issued	Where issued
Advanced Driving Course? (If yes please attach certificate) Yes <input type="checkbox"/> No <input type="checkbox"/>	

## Vehicle details

Make	Year
Model	Registration number
Place where breakage occurred	
State how breakage occurred	
If insured was not present, when was breakage reported?	

## Damage

Indicate damage on sketch 	
Is immediate or future replacement required?	
Repairer's name	Estimate date of loss
Where may vehicle be inspected?	

## Declaration

I/we declare that the foregoing particulars to be true in every respect.	
Signature of insured	Date
Signature of driver, if other than insured:	Date

## Bank details

Bank	Account holder
Branch code	Account number
Identity no. / Company Registration no.	