

# WINDSCREEN DAMAGE CLAIM FORM



Claim number	Policy number
--------------	---------------


## 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

### Processing Consent:

By making use of our services, products and service channels, I explicitly agree and consent that MUA may process my personal information (which includes special personal information) for the purposes as described in the [Privacy and Security Policy](#). Please note that if you are acting on behalf of the proposer / policyholder in any capacity, by signing, you explicitly confirm that you have the written/recorded authority and/or mandate to act on their behalf.

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

## Claim Payment

Claim payment will be made into the account from which we collect premium.