

Windscreen Glass (Motor) Claim Form

Note: The issue of this form is not to be taken as an admission of liability

Policy Holder	Name..... Address..... Tel. No.....Fax No..... Email..... Policy No.....
Vehicle	Make of Vehicle.....Year of Manufacture..... Registration No..... Date of breakage.....Time.....am/pm Place..... Cause of Breakage.....

Date.....

.....
(Signature & Stamp)

I/We, the above named, do hereby, to the best of my/our knowledge and belief, warrant the truth of the foregoing statement in every respect.

PLEASE COMPLETE THIS FORM AND AVAIL THE FOLLOWING

- a) Copy of log book (both sides)
- b) At least two replacement quotations
- c) Copy of Driver's License