

WINDSCREEN/WINDOW DAMAGE CLAIM FORM

1. Insured : _____

2. Address : _____

3. Policy No: _____

4. Registration No./Make/Type of Vehicle	Estimated Cost of Replacement
_____	_____
_____	_____
_____	_____

5. Name of Garage _____

6. Date of incident _____

7. Name of Driver of vehicle _____

8. Description of incident and damage _____

9. Where is the vehicle now? _____

10. Has any damage been caused to the vehicle other than the breakage of the Windscreen/Window? _____

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

Date _____ Signature _____

Important Notice

The cover afforded under the Windscreen extension endorsement has come to an end as a result of this claim. The cover can be reinstated on payment of the appropriate premium. If you require the cover to be reinstated simply write to us giving us your instructions and enclosing your remittance.