

WINDSCREEN/WINDOW DAMAGE CLAIM FORM



1. Policy Number _____

2. Name of Insured _____ Address _____

3. Vehicle Registration No. _____ Estimated cost of Reinstatement Shs. _____

4. Make & Type of Vehicle _____ Name of Garage _____

5. Date of Incident __ / __ / _____

6. Name of driver of Vehicle _____

7. Description of incident and damage: _____

9 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 NOTE:

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.