


Windscreen Claim Form

Claim No :					
Broker Name :			Policy No :		
Insured	Full Name :			ID No :	
	Postal Address :				
	Physical Address :				
	Tel No :			Occupation :	
Driver	Name :			Age :	
Vehicle	Make		Model		
	Year		Reg No		
	Chassis No		Engine No		
Incident	Purpose for which vehicle was being used at the time of incident / loss :				
	Date :		Place where incident occurred :		
	Description of incident / loss :				
Damage	Indicate damage to windscreen of sketch				
			<input type="checkbox"/> Front Windscreen		
		<input type="checkbox"/> Rear Windscreen			<input type="checkbox"/> Tinted
		<input type="checkbox"/> Side Window			<input type="checkbox"/> Rain Sensor
		<input type="checkbox"/> Quarter Glass			<input type="checkbox"/> Light Sensor
					<input type="checkbox"/> Heated
					<input type="checkbox"/> Aerial
(Use your Shapes button to draw the crack)					
I/We declare the foregoing particulars to be true in every report.					
Signed :			Date :		
<u>OFFICE USE ONLY</u>					
Stock code :			CTU :		
Repairers Name :			Estimate :		
Where may vehicle be repaired :					