



INSURANCE COMPANY:.....

Claim Form – Windscreen /Window Damage

- 1 Insured:.....
- 2 Address:
- 3 Policy No:.....
- 4 Registration No./Make/Type of Vehicle Estimated Cost of Replacement

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- 5 Name of Garage
- 6 Date of Incident
- 7 Name of Driver of Vehicle
- 8 Description of Incident and Damage

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- 9 Where is the Vehicle Now.....

- 10 Has any damage been caused to the vehicle otherthan the breakage of the Windscreen/ Window

- 11 Has the Damage been repaired I/ We hereby certify that the about answers are true to the best of any /or knowledge and belief Date..... Signature

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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 appropriate premium . If you requirethe cover to be reinstated simply write to us giving your instructions and enclosing your remittance.