



CBZ Insurance Company (Private) Limited

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Harare

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WINDSCREEN CLAIM FORM

INSURED

Insured Name: Address:

Telephone No.: Home:

Business:

Cell Phone:

Occupation:

VEHICLE

Vehicle: In use at the time of the accident by either the insured or his driver.

Registration No.: Make:

Year Of Manufacture: Mileage:

H.P.: Type Of Body:

State fully the purpose for which the vehicle was being used at the time of accident:

DRIVER

Name of Driver at time of Accident:

Age: Drivers License No.:

Date Of Issue: Place Of issue:

Attach copy of licence if vehicle was being driven.

ACCIDENT

Date Of Breakage:20..... Time:am/pm Place Of Breakage:

If Insured not present when did he/she receive notification of breakage:

Do you intend to or is there any likelihood of you trading in your Car in the near future? **YES/NO.**

Repairer's Name: Replacement Cost:

Attach 3 Quotes.

Where can the Vehicle be Inspected?

Details of Breakage:

..... Driver's Signature:

I declare that all the information hereon to be True and correct to the best of my Knowledge and belief.

Name In Full: Designation:

Signature: Date:

IF FUNDS ARE TO BE TRANSFERRED DIRECTLY INTO AN ACCOUNT STATE:

Bank Name: Branch: Acc Name: Acc. No.