CELL INSURANCE
COMPANY(PVT)LTD

Windscreen Claim Form

Please complete in block letters & tick where applicable

Supporting documents required to process claim

1. At least 3 repair quotations from a reputable garage

Insured's Details

Name of insured

Physical Address

Postal Address

Telephone Number Cellphone

1. Where did the loss occurred?

2. Name of driver at time of loss

3. Date of accident d | d | m | m | y | y | y | y Place of Incident

4. Has the driver been charged of any driving offence? Yes ☐ No ☐ If Yes please give full details of the accident

5. Driver's licence number

Vehicle Make

Registration Number

Cause of damage

6. Has the driver have any other insurance covering this vehicle? Yes ☐ No ☐

If Yes, please state the insurer

7. Have repairs been done? Yes ☐ No ☐

8. Any relevant additional information or comments Yes ☐ No ☐ If Yes please attach the repair invoice

DECLARATION

I/we warrant the truth of the answers to the above questions and I/we declare that no information has been withheld and the amount claimed represents my/our loss arising from the above stated coourrence.

Date d | d | m | m | y | y | y | y Signature of insured

Name