



WINDSCREEN BREAKAGE CLAIM FORM

1. **INSURED:** Policy No

ADDRESS:.....

..... CONTACT No:.....

2. **VEHICLE:** MAKE..... YEAR.....

MODEL..... REG No.....

3. GENERAL INFORMATION:

a. DRIVER'S NAME:..... CONTACT No.....

ADDRESS.....

b. DATE OF BREAKAGE.....

c. CAUSE OF BREAKAGE.....

d. PLACE.....

I..... (FULL NAME ON INSURED/DRIVER)

HEREBY DECLARE THAT.....

.....AND THAT THE FOREGOING INFORMATION IS TRUE AND CORRECT.

DATE..... SIGNATURE OF INSURED.....