



**ZIMNAT LION**  
INSURANCE

for

security • care • integrity

## WINDSCREEN - CLAIM FORM

CLAIM FORM -- FOR COMPLETION BY THE INSURED

Please state fully and as accurately as possible, the information asked for below.  
Acceptance of this form is not an admission of liability on the part of the company

Name of Insured..... Occupation: .....  
Address..... Telephone No.....  
..... Policy.....

Motor Vehicle Registration  
Make..... Model..... Year.....

Date of breakage..... Date of replacement..... Cost \$.....  
Name of repairer/glazier.....  
Name of driver.....  
Address of driver.....  
Details of breakdown & driver  
Number, date and place of issue of driving licence.....  
Was driver in your employment?.....  
State purpose for which vehicle was being used.....

Describe how the damage occurred.....  
.....  
.....

I/We hereby confirm that the above statements and facts are true and that I/We have not withheld from the company any information within my/our knowledge connected with the loss.

Date..... Signature.....

### AUTHORITY SECTION - FOR COMPLETION BY ZIMNAT LION OFFICIAL

This is to introduce Mr .....who  
requires a windscreen/doorglass/ rearlights fitted to his.....

Vehicle Registration Number.....

N.B. The cost of his work  
is to be charged to Zimant  
Lion Subject to contribution  
to be collected from the  
insured as shown opposite

Cost of replacement..... \$.....  
Less Excess from insured..... \$.....  
Less % contribution from insured..... \$.....

Signature..... To ZIMNAT LION a/c..... \$.....

### THIS SECTION TO BE COMPLETED BY THE INSURED

The..... Motor Vehicle  
Registration No ..... damage on or about the.....day  
of.....20..... has been repaired to my entire satisfaction.

Date..... Signed.....

NB Repairers should attach this form to the invoice and forward it to Zimnat Lion Insurance Co. Ltd.