

MOTOR / FLAT GLASS CLAIM FORM

(TO BE COMPLETED AND SIGNED BY CLAIMANT)

Insured Name	<input type="text"/>	Policy Number	<input type="text"/>
Insured Address	<input type="text"/>	Contact Number	<input type="text"/>
Agent Name & No	<input type="text"/>	Agent Reference	<input type="text"/>

PARTICULARS OF CLAIM

When did the loss occur? Date Time AM PM

What was the cause of the loss or breakage?

Name & address of person responsible for loss?

Is there any other insurance covering the glass?
 YES NO

If Yes, state Company Name.

PARTICULARS OF PREMISES (IF APPLICABLE)

Address of premises where breakage occurred.

Were premises occupied?
 YES NO

If Yes, by whom and for what purpose?

PARTICULARS OF VEHICLE (IF APPLICABLE)

Make and Model

Registration Number

Detail of Windscreen (tick applicable block(s)) Tinted Clear Shatterproof Armour Plate

Driver Name

Driver's License Number, place and date of issue.

DECLARATION

I/we warrant and declare that the particulars given above are true in every respect and that I/we have not withheld any information whatsoever in connection with the claim.

SIGNATURE OF CLAIMANT Date

*This form should be completed fully without delay and forwarded to the Company at one of the above addresses or your broker / agent.
The issue of this form does not imply an admission of liability.*

SUPPLIER USER ONLY

Premium confirmed YES NO By Whom?

Comprehensive Cover? YES NO Excess: