


Windscreen Claim Form

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|--|---|------------|---------------------------------|-------------|--|
| Windscreen Claim Form | | | | | |
| | | | Claim No : | | |
| Broker Name : | | | | Policy No : | |
| Insured | Full Name : | | ID No : | | |
| | Postal Address : | | | | |
| | Physical Address : | | | | |
| | Tel No : | | Occupation : | | |
| Driver | Name : | | | Age : | |
| | | | | | |
| Vehicle | Make | | Model | | |
| | Year | | Reg No | | |
| | Chassis No | | Engine No | | |
| Incident | Purpose for which vehicle was being used at the time of incident / loss : | | | | |
| | | | | | |
| | Date : | | Place where incident occurred : | | |
| | Description of incident / loss : | | | | |
| | | | | | |
| Damage | Indicate damage to windscreen of sketch | | | | |
| |  <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <div style="text-align: left;"> <input type="checkbox"/> Front Windscreen <input type="checkbox"/> Rear Windscreen <input type="checkbox"/> Side Window <input type="checkbox"/> Quarter Glass </div> <div style="text-align: left;"> <input type="checkbox"/> Tinted <input type="checkbox"/> Rain Sensor <input type="checkbox"/> Light Sensor <input type="checkbox"/> Heated <input type="checkbox"/> Aerial </div> </div> <p style="text-align: center; margin-top: 10px;">(Use your Shapes button to draw the crack)</p> | | | | |
| I/We declare the foregoing particulars to be true in every report. | | | | | |
| Signed : | | | Date : | | |
| <u>OFFICE USE ONLY</u> | | | | | |
| Stock code : | | CTU : | | | |
| Repairers Name : | | Estimate : | | | |
| Where may vehicle be repaired : | | | | | |