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WINDSCREEN/ WINDOW GLASS CLAIM FORM

IMPORTANT NOTICE

Please attach INVOICES AND RECEIPTS if you have already replaced the windscreen / window glass.

The cover afforded under the windscreen extension endorsement has ended as a result of this claim. The cover can be reinstated on payment of the appropriate premium. If you require the cover to be reinstated, simply write to us giving instructions and enclosing your remittance. Alternatively please confirm that we may settle your claim less the reinstatement premium, and effect cover immediately. Please attach photograph of damage.

1. Insured _____

2. Address _____

3. Telephone No _____

4. Fax No _____

5. Email Address _____

6. Policy No _____

7. Sum Insured on the Windscreen/Window Glass Extension USD. _____

8. Vehicle Registration No _____

9. Make & Type of vehicle _____

10. Date of Incident _____

11. Name of driver of the vehicle _____

12. Is replacement windscreen/window glass same type as broken one? Yes No

13. Description of the Incident _____

13. Estimated cost of replacement (If not already replaced) _____

14. Has any damage been caused to the vehicle other than the breakage of the windscreen /window? Yes No

If so, state what damage _____

Do you wish that the claim be settled less the reinstatement premium and cover to be reinstated
with immediate effect?

Yes No

If yes, state value to be insured, USD. _____

I/We hereby certify that the above answers are true to the best of my/our knowledge.

Signature of Insured _____

Name _____

Title _____

Date _____

COMPANY STAMP