



Claim Form – Windscreen /Window Damage

1 Insured:.....
 2 Address:
 3 Policy No:.....
 4 Registration No./Make/Type of Vehicle Estimated Cost of Replacement

.....
 5 Name of Garage
 6 Date of Incident
 7 Name of Driver of Vehicle
 8 Description of Incident and Damage

.....
 9 Where is the Vehicle Now.....

10 Has any damage been caused to the vehicle otherthan the breakage of the Windscreen/ Window

.....
 11 Has the Damage been repaired I/ We hereby certify that the about answers are true to the best of any /or knowledge and belief Date..... Signature

.....

Important Notice

The cover afforded under the Windscreen extension endorsement has come to an end as a result of this claim . The cover can be reinstated on payment of appropriate premium . If you requirethe cover to be reinstated simply write to us giving your instructions and enclosing your remittance.