

WINDSCREEN CLAIM FORM

INSURED

Policy number _____

Name and surname _____

Telephone numbers - during the day _____ Cell _____

Physical address _____

E-mail _____

VEHICLE

Make and model _____

Year _____

Registration number _____

VIN Number _____

DAMAGE

Date _____

Time _____

Place _____

Cause of loss _____

Damage to windscreen		Front	Rear
Damage to side window		Left Front	Left Rear
		Right Front	Right Rear

Do you think the glass needs to be repaired or replaced? _____

Estimate of repairs or replacement _____

Dealership used _____

DECLARATION

I/We hereby solemnly declare that I/we have suffered the loss of/damage to the property listed above and that the said property was my/our possession immediately prior to the said loss/damage, which occurred in the circumstances described above. I/We understand that the completion of this form does not bind the Insurer to payment of any claim. I/We further declare that the foregoing information is true in every respect and that I/we have not withheld any information connected with the loss from the insurer.

Signature of the insured _____ Date _____