

WINDSCREEN CLAIM FORM

INSURED

Policy number

Name and surname

Contact Numbers: Work

Home

Cell

Physical address

E-mail

VEHICLE

Make

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?

Any Smash and Grab / Heads-Up display or Sensors on the Windscreen?

Estimated Costs and Dealer 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 insured: (Digital or Written if printing form)

Date

Please sign and send your completed form to:
info@indequity.com