

WINDSCREEN CLAIM FORM

Please provide the following information and attach photos of the damaged windscreen as well as a photo of the vehicle licence disc.

Policyholder	
Contact details	
Insurer and Policy Number	
Drivers Name and ID	
Vehicle year, make and model	
VIN (copy of licence disc required)	
Vehicle registration	
Date of loss	
Cause of damage on windscreen	
Place where the damage occurred	
Front Windscreen - clear or tinted	
Front Windscreen – smash and grab	
Front Windscreen – cracked, shattered, chipped	
Rear Window – clear or tinted	
Rear Window - smash and grab	
Rear Window – cracked, shattered, chipped	
Rear Window – solid or cab slider	
Front left / right passenger side window	
Rear left / right passenger side window	
Rain sensor / Camera sensor	
Other details	
Place where fitment can be done	
Is the vehicle still under warranty	
Contact name and number to arrange fitment appointment	

Signature of Policyholder

Date

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