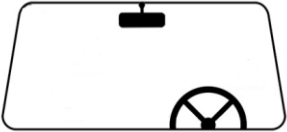





MOTOR GLASS CLAIM FORM

(Delete sections not applicable)

	Policy No.	Broker		
	Claim No.	Has there been a previous windscreen claim?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Insured	Name and Surname			
	Identity No.			
	Address and (day) telephone No.			
Vehicle	Make	Model	Colour	Vehicle identification marks
	Registration No.	Year	Vin No.	
Driver at the time of the accident	Name and Surname			
	Identity No.			
	Address and (day) telephone No.			
The Breakage	Date			
	Place			
	How was glass damaged?			
	Type of glass			
	Glass type description			
	Indicate damage on diagram			
	Rain Sensor?			
	Type of damage	 HALF MOON	 BULLSEYE	 COMBINATION
Declaration	I/We solemnly declare that I/we have suffered loss of or damage to the property enumerated above and on the reverse hereof and that the said property was in my/our possession immediately prior or during the said loss/damage which occurred in the circumstances described above. I confirm that all the questions were completed honestly and fully by me/us. I understand that the accuracy and effectiveness of this Claim Form is dependent on the quality and accuracy of the information I provide.			
	Insured's signature _____ Capacity _____ Date _____			