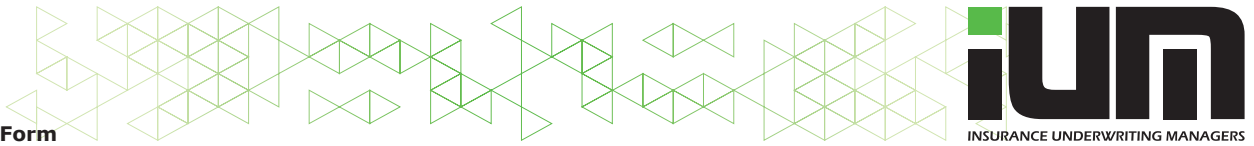


**Windscreen Claim Form**



INSURED	Policy number		Name	
	Identity number		Occupation	
	Contact details		Vat registration number	
	Physical address			
VEHICLE	Year		Make	
	Model		Registration number	
	VIN / serial number		Engine number	
DAMAGE	Date, time and place			
	Explain briefly how the damage occurred			
	Repair / replacement cost			
	If the damage has already been repaired, please attach a copy of the repair invoice.			
DECLARATION	We hereby declare the following particulars to be true in every respect.			
	Signature of driver:	_____	Date:	_____
	Signature of insured:	_____	Capacity:	_____
It is important that you notify the insurers immediately should you become aware of any impending prosecution, inquest or demand.				
Any personal injuries noted overleaf must be reported separately to the multilateral motor vehicle accidents fund without delay.				