

ALLIANCE INSURANCE

WINDSCREEN BREAKAGE CLAIM FORM

1. INSURED

- a) Full Name:
 - b) Address:
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 - c) Telephone No.
 - d) Email Address:
 - e) Policy No.
 - f) Insurance Certificate No.
 - g) Road License No. and Date of Expiry:
- (Please attach copy)

2. VEHICLE

- a) Make: Model:
- Cubic Capacity: Colour:
- Reg. No: Year of Manufacture:
- b) For what purpose was it being used?.....
- c) Was it being used under your instructions?

3. DRIVER

- a) Name and address of person driving insured vehicle:
- b) State age:
- c) State driving experience of driver:
- d) Does the driver own a car?
- e) If so, state Policy No.

- f) Is the Driver's license in force?.....
- g) Has it been endorsed?
- h) Give driver's license No. and date of expiry:

4. PARTICULARS OF LOSS/DAMAGE/ACCIDENT

- a) Date of breakage:
- b) Place where breakage occurred:
- c) If the Insured was not present, when did he first receive report of the breakage?
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Repairer's Name:

Cost of Replacement:

Where may vehicle be inspected:

I/We declare that foregoing particulars to be true in every respect.

Signature of Insured: Date:

Signature of driver if other than insured: