

# Windscreen Claim Form

Please make sure that you complete ALL sections of the form correctly.

POLICY INFORMATION			
Policy number			
Name of Policyholder			
Address			
Tel Number			
VAT Registered	YES / NO	If YES, % recoverable	

Claim Number	
Policy Cover	
Excess	
Renewal Date	

VEHICLE DETAILS			
Registration number		Make	
Date of registration		Current Value	
Has the vehicle been modified from manufacturer's standard	YES / NO	If YES, give details	
Do you own the vehicle	YES / NO	If NO, give details	
Does an HP or leasing company have an interest in the vehicle	YES / NO	If YES, give details	
Who is the registered keeper			

DATE OF BREAKAGE			
Date		Time	
Brief details			
Signed		Position	Date

DRIVER DETAILS			
Name		Date of Birth	
Address		Date passed UK driving test	
		Motor claims in last three years	
Tel Number		Motoring convictions/pending convictions in the last three	
Occupation			

Please state the exact purpose for which the vehicle was being used at the time of the incident (Private is not sufficient)

DO YOU HOLD ANY PERSON(S) RESPONSIBLE?			
NO		YES	
		If YES who?	
If vandalised were the policy informed?		NO	YES
If YES please give brief details			
If applicable, why did you not take advantage of the scheme recommended by Underwriters?			

I declare that the foregoing statements are true to the best of my knowledge and belief and that the vehicle detailed was damaged under the circumstances described above

Signature:.....

Date: .....