

WINDSCREEN CLAIM FORM

This form is sent whenever a loss is intimated. It must be completed and returned within 10 days of receipt.
All questions must be answered fully. Dashes are not sufficient. Please use BLOCK LETTERS
(Where questions require a "Yes" or "No" answer, tick the appropriate box)

Issued by
From (office)
Date issued

Policy Number

THE PREMIUM	Paid to :	Date:
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1 THE INSURED (as in policy)	Full Name(s)		
1.1 Present occupation and position			
1.2 Full residential address		E-mail	
1.3 Full Business Address			
1.4 P O Box/Telephone Numbers	P O Box Number	Business Telephone	Home Telephone

2 THE VEHICLE INSURED			
Year, Make and Model			
Registration Number			
For what purpose was the vehicle being used (if business, state nature of business)			
Number of passengers being carried			
Were they fare-paying passengers?			

3 THE DRIVER			
Name and address of driver			
Driver's licence number			
Date, place of issue and class of licence	Date	Place of issue	Class
Age of Driver			
Does he/ she work for the Insured?			
Was he/ she driving with the Insured's permission?			

4 THE CIRCUMSTANCES	REPORT	
4.1 Describe how loss occurred (REPORT)		
4.2 Date and time of loss:	Date of loss: _____	Time of loss: _____ am/ pm
4.3 Whom do you believe was responsible and why?		
4.4 Which glass has been broken?		
4.5 Which repairer will carry out repairs?		
4.6 Estimated cost of repairs		

4DECLARATION

I hereby declare as the named Insured/Authorised representative of the named Insured _____ that the property enumerated in the 'Statement of Claim' overleaf and insured under the said Policy, was, to the best of my/our Knowledge and belief stolen/lost/damaged/destroyed in the manner described above. I/we further declare that all the foregoing particulars are true and correct and I/we undertake to render to Alliance Insurance Company (Private) Limited every assistance in my/our power in dealing with the matter.

DATE:

SIGNATURE OF POLICYHOLDER