



# Glass Claim Form

Name of Insured:			
Address:			
Present Occupation:			
Telephone No:	Home:	Business:	
Policy or Certificate No:			
Is current premium paid?			
Name and age of person driving:			
Your Vehicle:	Make & Model:	Year:	
	Reg No:		
Was your windscreen?	Thoughened:	Laminated:	Tinted:
Have you had your car repaired? If "Yes" please enclose an invoice:			Yes/No
PLEASE ANSWER ALL THE FOLLOWING QUESTIONS:			
Date damaged occurred:			
Exact location of accident:			

Description of how damage occurred:

I/We hereby declare that the particulars are true in every respect.

Date ..... Signature .....

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