



**WINDSCREEN DAMAGE
CLAIM FORM**

CLAIM No. _____

DATE OF LOSS. _____

PLEASE ANSWER ALL QUESTIONS IN FULL. ANY DELAY IN RETURNING THIS FORM MAY PREJUDICE YOUR CLAIM UNDER THIS POLICY

INSURED NAME: _____ PHONE: _____
INSURED ADDRESS: _____ FAX: _____
NAME OF DRIVER: _____
LICENCE No: _____ TYPE: _____ DATE OF EXPIRY: _____

POLICY No: _____ CLIENT REFERENCE No: _____ DUE DATE: _____
VEHICLE: _____ BODY TYPE: _____ REGISTRATION No: _____
DATE OF LOSS: _____ TIME: _____ LOCATION & DETAILS OF LOSS : _____

REPAIRER: _____
ADDRESS: _____
COST OF REPAIRS: K _____ (NB SUPPORTING QUOTATIONS TO BE ATTACHED)

TOWER INSURANCE IS HEREBY AUTHORISED TO FINALISE
MY/OUR CLAIM BY PAYMENT OF THE COST OF REPAIRS TO:
PAYEE: _____

THIS CLAIM FORM IS TO BE USED FOR BROKEN WINDSCREEN AND/OR WINDOW GLASS ONLY. IF THERE IS ANY OTHER DAMAGE OR IF PERSONAL INJURIES HAVE BEEN SUSTAINED, THE COMPANY'S MOTOR VEHICLE CLAIM FORM MUST BE USED.

SIGNATURE OF CLAIMANT: _____ DATE: _____