

Motor Glass Claim Form

THE CLAIMANT

Name of the insured			
Address			
Occupation			
Policy Number		Telephone Nos.	
Agency			

PARTICULARS OF DRIVER

Driver's name at the time of occurrence			
Address of driver			
Driver's date of birth			
Is driver <i>(tick as appropriate)</i> (a) Owner?		(b) Owner's Employee?	
		(c) Owner's relative or friend?	

If it was not yourself driving, did you authorise the journey? _____

If it was your employee driving how long have you employed him/her? _____

If it was not yourself driving, does the driver own a vehicle? If so name the insurers. _____

Does the driver have a full driving licence? If so state: _____

(a) Give the Licence Number *(photocopy of licence must be attached)* _____

(b) Date of Issue _____

(c) When and where was the driver first licensed to drive? _____

Has the driver ever been involved in an accident before? If so give brief details and dates. _____

PARTICULARS OF INSURED VEHICLE

Reg. Number	Make & Model	Body Type (e.g. Saloon)	Engine Number	Chassis Number.	Year of Make	For what purpose was the vehicle being used?

PARTICULARS OF DAMAGE

Give the following details of the occurrence: (a) Date (b) Time (c) Place	

Give full description of how the damage occurred?

Was the windscreen or glass clear, tinted or shaded? _____

Was it already damaged? If so give details. _____

Where can the damaged vehicle be seen? _____

Have you already given instructions for a replacement to be fitted? Estimated Cost

I/We declare that, to the best of my/our knowledge and belief, these statements are true.

Date:..... Signature of Insured.....