



CELL INSURANCE

WINDSCREEN CLAIM FORM

PLEASE COMPLETE IN BLOCK LETTERS & TICK WHERE APPLICABLE

Supporting documents required to process claim
(a) At least 3 repair quotations from reputable garage

SECTION I: INSURED'S DETAILS

Name of insured:

Physical address:

Postal address:

Telephone Number:

Mobile Number:

SECTION II: DETAILS OF LOSS / DAMAGE

1. Where did the loss occur?

2. Name of driver at time of loss:

3. Date of accident:

Place of incident:

4. Has the driver been charged of any driving offence Yes No

If yes, please give full details of the accident:

Driver's licence no.:

Vehicle Registration No.:

Vehicle make and model:

6. Has the driver have any other insurance covering this vehicle? Yes No

If yes, please state the insurer:

7. Have repairs been done? Yes No8. Any relevant additional information or comments? Yes No

If yes, please attach the repair invoice

DECLARATION

I/We warrant the truth of answers to the above questions and I/we declare that no information has been withheld and that the amount claimed represents my/our loss arising from the above stated occurrence.

Name:

Signature:

SIGN HERE

Date: