



**NATIONAL
PACIFIC
INSURANCE
LIMITED**

**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
ISSUE OF THIS FORM DOES NOT CONSTITUTE AN ADMISSION OF THE COMPANY'S LIABILITY

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 _____

DATE OF LOSS: _____ TIME: _____ EXPIRY DATE OF CERTIFICATE OF ROAD WORTHINESS _____

LOCATION & DESCRIPTION OF LOSS:

PLEASE ADVISE THE FOLLOWING:

ESTIMATED COST OF REPLACEMENT (ATTACH QUOTATION) \$..... PROPOSED REPAIRER

ADDRESS.....

DETAILS (IF ANY) OF INJURIES OR DAMAGE TO ANY OTHER VEHICLE/PROPERTY RESULTING FROM THE WINDSCREEN DAMAGE OR
DETAILS OF THIRD PARTY AT FAULT (IF ANY)

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**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.**

DECLARATION

I/We, the undersigned, do hereby warrant the truth of the forgoing Statements in the best of my/our knowledge, information and belief.

SIGNATURE OF CLAIMANT: _____ DATE: _____