

## MOTOR WINDSCREEN + GLASS CLAIM FORM

BROKER:	POLICY NO:
INSURER:	CLAIM NO:
VAT REG NO:	

### 1. INSURED

Name:	Day contact no:	Occupation:
Address:		

### 2. OCCURRENCE

Date of breakage:	Time of breakage:	Cause of breakage:
Name + address of person responsible for breakage:		
Name + address of witness:		

### 3. PREMISES

Address of premises where breakage occurred:	
Were premises occupied?	By whom?
Purpose for which occupied?	

### 4. VEHICLE

If vehicle is subject to Hire Purchase, Credit or Leasing Agreement, state name and address of Finance Company:		
Make:	Model + year:	Reg no:
Windscreen tinted or clear?		Windscreen shatterproof or armour plate?
Driver's name:		License no:
Place:		Date of issue:

### 5. DETAILS OF BROKEN GLASS

Description of broken glass:		
Size + thickness in mm:	Cracked or shattered:	Any signwriting on broken glass?

### 6. DECLARATION

I / We solemnly declare that the above particulars are true and complete in every respect.		
Name:	Capacity:	Date:
Signature:		



LLOYD'S CORRESPONDENT