



SRIC

Ensuring your tomorrow, today.

WINDSCREEN CLAIM FORM

POLICY DETAILS

FAILURE TO FULLY ANSWER ALL QUESTIONS MAY PREJUDICE ANY CLAIM

Claim No.

INSURED DETAILS

Policy Number

Full Name

Address

Telephone No.

Mobile No.

Email Address

VEHICLE & DRIVER DETAILS

Make

Year

Reg Number

Licence No.

Driver

REPAIRER & ACCIDENT DETAILS

Name

Date of Accident

Time

Place

Date vehicle will be taken in

Description of accident

If other party was involved, please state particulars

DECLARATION

I/WE declare that these particulars are true and complete.

Date

Name

Signature