



Sun
insurance
Company Limited

**MOTOR
WINDSCREEN CLAIM
FORM**

AGENT NO
CLIENT NO

INSURED PHONE CONTACT

POSTAL ADDRESS

Description of Motor Vehicle

Registration Number

Expiry Date of Certificate of Road Worthiness / / /

Date of accident time (am) (pm)

Place of accident

For what purpose was it being used at the time of accident

How did breakage happen?

Has the vehicle been sighted by a Representative of Sun Insurance?

DETAILS OF PERSON DRIVING MOTOR VEHICLE

Name

Age yrs Licence No Expiry Date

Details (if any) of injuries or damage to any other vehicle/property resulting from the Windscreen Breakage

PLEASE ADVISE THE FOLLOWING:

(1) Estimated cost of replacement (Attach quotations)

(2) Proposed repairer

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 Driver

Signature of Insured

Date.....