



**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.....