Windscreen Claim Form

natsure

Policyholder details

Insured	
Policy number	
Cell number	Tel number

Details of loss / damage

Date of loss	Time of loss

Description of loss

Vehicle details

Vehicle make / model	
Year model	
Registration number	
VIN number	
Engine number	

Declaration

I / We hereby declare the foregoing particulars to be true and accurate in every respect.

Signed at		Name	
Capacity		Witnessed by	
Signature		Date	