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**WINDSCREEN CLAIM FORM**

Please State As Fully And As Accurately As Possible The Information Asked For Below.  
Acceptance of This Form Is Not an Admission of Liability.

**INSURED**      **Name:** .....  
**Address:** .....  
**Email:** .....  
**Telephone - Home:** .....      **Business:** .....      **Cell:** .....

**VEHICLE**      *In use at the time of the accident by either the Insured or his/her driver.*  
**Make/Model:** .....      **VRN:** .....  
**Colour:** .....      **Type of Body:** .....  
State fully the purpose for which the vehicle was being used at the time of the accident:  
.....  
.....

**DRIVER**      **Name of Driver (at the time of accident):** .....  
**Age:**  years.      **Driver's Licence Number:** .....  
**Date of Issue:** .....      **Where Issued:** .....

**ACCIDENT**      **Date of Breakage:** .....      **Place where breakage occurred:** .....  
If Insured not present when did he/she receive notification of the breakage: .....

**Repairer's Name:** .....      **Cost of Replacement:** .....

**Where can the vehicle be inspected?** .....

**How was the windscreen broken?** .....

I/We declare the foregoing to be true in every respect.

**Signature of Insured:** .....

**Date:**

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