



## CBZ Insurance Company (Private) Limited

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Harare

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### WINDSCREEN CLAIM FORM

#### INSURED

Insured Name: ..... Address: .....

Telephone No.: ..... Home: .....

Business: .....

Cell Phone: .....

Occupation: .....

#### VEHICLE

Vehicle: In use at the time of the accident by either the insured or his driver.

Registration No.: ..... Make: .....

Year Of Manufacture: ..... Mileage: .....

H.P.: ..... Type Of Body: .....

State fully the purpose for which the vehicle was being used at the time of accident: .....

#### DRIVER

Name of Driver at time of Accident: .....

Age: ..... Drivers License No.: .....

Date Of Issue: ..... Place Of issue: .....

#### ACCIDENT

Date Of Breakage: .....20..... Time: .....am/pm Place Of Breakage: .....

If Insured not present when did he/she receive notification of breakage: .....

Do you intend to or is there any likelihood of you trading in your Car in the near future? **YES/NO.**

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

Where can the Vehicle be Inspected? .....

Details of Breakage: .....

..... Driver's Signature: .....

I declare that all the information hereon to be True and correct to the best of my Knowledge and belief.

Name In Full: ..... Designation: .....

Signature: ..... Date: .....

**IF FUNDS ARE TO BE TRANSFERRED DIRECTLY INTO AN ACCOUNT STATE:**

Bank Name: ..... Branch: ..... Acc Name: ..... Acc. No. ....

Attach copy of  
licence if  
vehicle was  
being driven.

Attach 3  
Quotes.