

# Windscreen Claim Form

**Important Note**

Please state as fully as accurately and as possible the information asked for below. Acceptance of this form is not an admission of liability by the Company.

**PLEASE USE BLOCK LETTERS - To be completed by the insured.**

Policy No.:	
Name of insured:	Occupation:
Address:	
Tel No.:	

**Motor Vehicle**

Make:	Model:	
Registration number:	Year:	
<b>Details of breakdown and driver</b>		
Date of breakage:	Date of replacement	Cost \$
Name of driver:		
Address of driver:		
Driver licence Number	Date of issue:	Place of issue:
Is driver in your employment? <input type="checkbox"/> Yes <input type="checkbox"/> No:		
State purpose of which vehicle was being used:		
Describe how the damage occurred:		

**Statement by insured**

I/We declare the above to be correct and true and that I/We have not withheld from the Company any information within my/our knowledge connected with the loss.

Signature of insured:	Date:
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**Authority Section - (for completion by ZIMNAT Lion official)**

This is to introduce Mr	who requires a	
Windscreen <input checked="" type="checkbox"/> <input type="checkbox"/> Door glass <input type="checkbox"/> Rear light <input type="checkbox"/>	fitted to his vehicle	
Registration number:		
N.B. The cost of this work is to be charged to Zimnat General subject to contributions to be collected from the insured as shown opposite.	Cost of replacement	\$
	Less excess from insured	\$
	Less % contributions from insured	\$
	To Zimnat General account	\$

Signature:	Date:
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**This Section to be completed by the insured - (for completion by Zimnat General official)**

The	Motor vehicle
Registration number:	damaged on or about the
of the	day
20	has been repaired to my entire satisfaction

Signature:	Date:
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**N.B. Repairers should attach this form to the invoice and forward it to Zimnat General Insurance Company Limited.**