



claims@1windscreen.co.za

MOBILE FITMENTS – WE COME TO YOU!

## INSURANCE CLAIM FORM

### CLIENT DETAILS:

Client Name	
Email address	
Cell Number	

### VEHICLE DETAILS:

Vehicle make	
Vehicle Model	
Vehicle Series	
Year Model	
VIN number	
Vehicle Reg No	

### INSURANCE DETAILS:

Insurance Company	
Broker Phone	
Broker Email	
Broker Contact person	
Policy No	
Claim Number	
Excess	
Date of Damage	

### AREA:

Province	
Town	

### GLASS DAMAGE:


Signed at: \_\_\_\_\_ Date: \_\_\_\_\_

Full Name: \_\_\_\_\_

\_\_\_\_\_  
Signature