

# Indequity Specialised Insurance

## Windscreen claim form.

### Insured:

Full name	Customer policy no	
Address:		
Tel. no.	Cell no.	E-mail address:

### Vehicle:

Year	Registration	Make and model	Engine number	VIN Number

### Damage:

Date	Time	Place
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Cause of loss:

Damaged area:	Windscreen		Side window			
	Front	Rear	Left front	Left rear	Right front	Right rear

Repair or Replace:

Estimate:

Dealership:

### Declaration:

We hereby declare the foregoing particulars to be true in every respect,

\_\_\_\_\_  
Signature of Insured      Signed on DD/ MM/ YYYY

### Please note:

No excess applicable where windscreen can be repaired.