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WINDSCREEN CLAIM FORM

THE ISSUE OF THIS FORM IS NOT TO BE TAKEN AS AN ADMISSION OF LIABILITY

ISSURED	Name Policy No..... Occupation Date Premium Paid..... Postal Address..... To whom paid..... Residential Address..... Telephone No.....
MOTOR VEHICLE	Make.....Type..... Sum Insured..... Year of Manufacture.....CC..... Registration No..... Purpose for which it is/ was being used at Time of Accident.....
DRIVE OF MOTOR VEHICLE Name..... Age..... Address..... Driving License No.....Date of Issue..... Group covered..... How long has (s)he been driving motor vehicle?..... Give full details of all driving convictions and endorsements of license (if no conviction state ``none``)..... Has (s)he been concerned in any previous accidents, if so, give details..... Has (s) he any physical defects?..... Is (s) he is your direct employee?..... if so, in what capacity? Since when has (s) he been so employee by you?

<p>PARTICULARS OF DAMAGE</p>	<p>Date.....Time.....A.m./P.m.</p> <p>Place.....</p> <p>State weather and light at time of Accident.....</p> <p>Speed of vehicle..... mph/km per hour.....</p> <p>Type of Road surface.....</p> <p>Explain briefly how the Breakage happened.....</p> <p>.....</p> <p>.....</p>
<p>DAMAGE OWN VEHICLE</p>	<p>State extent of damage</p> <p>.....</p> <p>Where can the vehicle be inspected?</p> <p>.....</p> <p>Have any instruction been given for repairs to be put in hand?.....</p> <p>Estimated Cost of Repairs.....</p> <p>Was the Glass or surround damaged or weakened in any way before this incident</p> <p>.....</p> <p>I/We hereby declare the foregoing particulars to be True in Every Respect.</p> <p>Signature of insured..... Date.....</p>

Documentation Required

1. Original Police Report
2. Certified copy of valid Driving License
3. 3 Repair estimates from Approved Garages
4. Copy of Registration Book for Vehicle.
5. Copy of Certificate of Insurance