



Registered FSP No 17607

**WINDSCREEN CLAIM FORM**

<b>Insured</b>	<b>Name</b>			
	<b>Policy Number</b>			
	<b>E-mail Address</b>			
	<b>Contact Person</b>			
	<b>Contact Number</b>			
	<b>VAT Number</b>			
<b>Incident</b>	<b>Date of loss</b>		<b>Date that loss was reported</b>	
	<b>Date that the loss was discovered</b>		<b>Cracked or shattered</b>	
	<b>Cause of Breakage</b>			
	<b>Was the vehicle used for business purposes at the time of the loss?</b>			
	<b>Driver's name at the time of the incident</b>			
<b>Full details of the vehicle</b>	<b>Make</b>			
	<b>Model</b>			
	<b>Year</b>			
	<b>Registration Number</b>			
	<b>VIN</b>			
	<b>Chassis Number</b>			
	<b>Part code</b>			

<b>Declaration</b>	<p>I / we declare that to the best of my / our knowledge the above statements are true. I acknowledge that the information set out above is provided freely so that Centriq may process my claim and give effect to the terms and conditions contained in the policy wording. I herewith give my consent that Centriq may use this information, my personal information on record and additional information obtained from other sources in order to determine whether to accept or reject my claim, and take all necessary steps ancillary thereto to give effect hereto.</p>		
	<b>Insured's Signature</b>	<b>Capacity</b>	<b>Date</b>