

WINDSCREEN AND FLAT GLASS CLAIM NOTIFICATION



Details

Broker name:	Contact no.:
Date of loss: <i>day/month/year</i>	CIB policy no.:
Insured's full name:	Location of vehicle:
Insured's cell no.:	Insured's office no.:
Insured's home no.:	Insured's alternative contact no.:
Description of loss:	
Year of vehicle:	Make of vehicle:
Model of vehicle:	Vehicle VIN no.:
Vehicle REG no.:	
What glass is required?	Front windscreen <input type="checkbox"/> Back windscreen <input type="checkbox"/> Side windows <input type="checkbox"/>
Details of side windows: _____	
Is it a repair or a replacement that is required?	Repair <input type="checkbox"/> Replacement <input type="checkbox"/>