

Eagle Insurance Company Limited



WINDSCREEN BREAKAGE CLAIM FORM

THE ISSUE OF THIS CLAIM FORM IS NOT AN ADMISSION OF LIABILITY

POLICY No.:.....

INSURED.....

NAME IN FULL.....

ADDRESS.....

..... P.O. BOX

INSURED VEHICLE:

MAKE AND TYPE

REGISTRATION No.

YEAR OF CONSTRUCTION

.....

DRIVER:

NAME IN FULL.....

ADDRESS

DATE OF BREAKAGE:.....

CAUSE OF BREAKAGE:.....

.....

PLACE.....

SIGNED:.....

DATE:.....