

Windscreen Breakage Claim Form

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Web: www.europageneral.com

Please Complete this form and return immediately to your Broker
All Sections must be completed

Broker	<input type="text"/>	Broker code	<input type="text"/>
Exact date of breakage	<input type="text"/>	Policy number	<input type="text"/>

Have you had any previous windscreen claims? Yes No

If Insured has had previous claims, please give details

Section A Insured

Name of Insured	<input type="text"/>	Date of birth	<input type="text"/>
Address	<input type="text"/>	Occupation	<input type="text"/>
	<input type="text"/>	Telephone Number (include work or daytime number)	<input type="text"/>
	<input type="text"/>		

Are you registered for VAT? Yes No

Section B Vehicle Details

Vehicle registration number	<input type="text"/>	Make and model	<input type="text"/>
Year of manufacture	<input type="text"/>	Cubic capacity	<input type="text"/>

Section C Accident Details

Location of accident	<input type="text"/>	Brief description of breakage	<input type="text"/>
Name of the driver of Insured's vehicle at the time of breakage	<input type="text"/>		<input type="text"/>
Drivers age	<input type="text"/>		<input type="text"/>
			<input type="text"/>

Please note this form must be fully completed and be accompanied by an invoice marked 'Paid'.

Section D Declaration

Insurers pass information to the Claims and Underwriting Exchange Registers, run by Insurance Database Services Ltd (IDS Ltd) and Moneymate Insurance Services and the Motor Insurance Anti-Fraud and Theft Registers, run by the Association of British Insurers (ABI) and the Irish Insurance Federation (IIF). The aim is to help us to check information provided and also to prevent fraudulent claims. Under the conditions of your policy, you must tell us about any incident (such as an accident or theft) which may or may not give rise to a claim. We will pass information relating to this incident to the registers.

Data Protection Notice

Please read the following carefully as it contains information relating to the details that you have given us. You should show this notice to any other party related to this insurance.

Data Protection Act 1998

All personal information supplied by you will be treated in confidence by Europa General Underwriters (N.I.) Limited and will not be disclosed to any third parties except where your consent has been received or where permitted by law. In order to provide you with products and services this information will be held in data systems of Europa General Underwriters (N.I.) Limited.

I hereby declare that the above statements are true to the best of my knowledge and belief, that no other Insurance is in force, and that I undertake to render such assistance in my power as the Underwriters may require.

I/We understand that you may ask for information from other Insurers to check the answers I/We have provided.

Signature of Insured	<input type="text"/>	Date	<input type="text"/>
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