



Covering Risk. Improving Lives.

Alliance Africa General Insurance Limited

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WINDSCREEN GLASS (MOTOR) CLAIM FORM

(The issue of this form is not to be taken as an admission of liability)

1. Insured Details

- **Name of Insured:**
- **Address:**
- **Telephone No.:**
- **Email Address:**

2. Policy Information

- **Policy No.:**
- **Expiring On:**

3. Vehicle Details

- **Make of Vehicle:**
- **Year of Manufacture:**
- **Registration No.:**

4. Incident Details

- **Date of Breakage:**
- **Time:**
- **Place:**
- **Cause of Breakage:**
- **Estimated Cost of Repair/Replacement:**

5. Driver Details

- **Name & Address of Driver:**
- **Driving Permit No.:**

- **Date of Expiry:**

6. Additional Information

- **Is Premium Paid in Full?** Yes / No
 - If Yes, to whom?
- **Previous Claims Lodged Under This Policy?** Yes / No
 - If Yes, give details:
- **Do You Wish to Reinstate Windscreen Cover?** Yes / No

7. Declaration and Data Collection Consent

Data Collection Consent: I consent to the collection, verification, processing, storage and lawful use of my personal data for identification, regulatory compliance, and the provision of insurance services

I/We, the above named, do hereby, to the best of my/our knowledge and belief, warrant the truth of the foregoing statement in every respect.

- **Date:**
- **Signature & Stamp:**

8. Required Attachments

Please complete this form and provide the following:

- Copy of the log book
- Copy of valid driver's permit (for accidental damage)
- At least two repair/replacement quotations

9. Important Notes

1. For any claim to be registered, ensure that your vehicle is brought to our offices for inspection and photographs of the damage taken by our claims staff.
2. Exaggeration of claim amount or deliberate submission of falsified/fraudulent documents will render your claim inadmissible for payment.