

VAPS Insurance Underwriters | Windscreen Claim Form

Every question must be answered fully. The abbreviation N/A should be used where the question is not applicable. The company does not admit Liability by the issue of this form.

Insured Details

Trading Name:

VAT Number: Contact Person:

Postal Address: Physical Address:

Postal Code: Postal Code:

Tel/Cell Nr:

Email Address:

Vehicle Details

Make: Model: Registration number:

VIN Number: Autotrak Installed: Yes No

Accident Details

Date: Place: Time:

Short Description of the Accident:

Description of Damage

Provide details about the damage, if it can be repaired or if it should be replaced

Declaration

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 VAPS may process my claim and give effect to the terms and conditions contained in the policy wording. I herewith give my consent that VAPS may use this information, my personal information on record and additional information obtained from other sources to determine whether to accept or reject my claim, and take all necessary steps ancillary thereto to give effect hereto.

Name of Authorised Signature:

Signature: Date:

Place: