ICEA LION
GENERAL INSURANCE

WINDSCREEN DAMAGE CLAIM FORM

The Issuing of this form is not to be taken as an admission of liability by the insurer

Claim Number _____ Policy Number _____ Agency _____

1. General information

Full name of insured _____

Postal address _____ Code _____ Town _____

Telephone Number _____ Cell No. _____

E-mail Address _____

Business/occupation _____

2. THE VEHICLE

Reg. No. _____ Make _____ Model _____ Year of manufacture _____

For what purpose was the vehicle being used at time of occurrence? _____

3. DRIVER

Name _____ Address _____

License No. _____ Date of Issue _____

Was He /She Driving With Your Authority? _____

4. DETAILS OF THE ACCIDENT

Date _____ Time _____ a.m/p.m

Location _____

Please give full information as to how the damage occurred _____

_____

_____

5. PARTICULARS OF DAMAGE

Has the windscreen been replaced? _____

If not,

Have it replaced and forward receipt for reimbursement (subject to the policy limit).

Alternatively, email a duly completed claim form with the vehicle full details i.e. make, model and registration numbers; indicate whether damage is to the rear or front screen. A replacement letter (LPO) will be emailed to you within twenty four hours of receipt of the claim form. Or; Avail the vehicle to any of the glass dealers or garages on our panel for assessment and replacement (subject to the policy limit).

6. REINSTATEMENT OF COVER

Provided liability is admitted to meet the cost of repairing the damage in accordance with the terms of the policy, the cover under the windscreen and Window Glass Endorsement will be forfeited i.e "used up" Please indicate below the limit you now wish to apply and let us have your remittance for the premium (premium is 10% of the chosen limit) or instruct us to deduct the premium from the claim payment.

Limit: _____ Premium: _____ Remittance enclosed: _____

Deduct premium from the claim   Yes [ ]   No [ ]

7. I/We hereby declare the foregoing particulars and statements to be true in every respect

Signature/Stamp _____ Date _____