

CLAIM FORM

MOTOR VEHICLE WINDSCREEN

INSURED

Name of Insured	
Postal Address	
Registered Address	
Policy Number	
Contact Person's Name	
Contact Phone Number	
Contact E-Mail Address	

DRIVER

Name		Age	
Driving Licence Number		Date issued	
Where issued			

VEHICLE DETAILS

Make		Model	
Year		Registration Number	
VIN Number		Chassis Number	
Purpose for which vehicle was being used at time of accident			



SPECIALIZED INSURANCE COMPANY LIMITED | Registration Number 50508

+266 2232 0837/ 8 | info@sic.co.ls | www.sic.co.ls

Address | 5th Floor, MGC Park, Corner Pope John Paul II & Mpilo Boulevard, Maseru, Lesotho, 100

Directors | Managing Executive, Mr M Lazaro | Non-Executive, Mrs F Khabo & Mr S Beeton | Chairman, Mr N Letele

INCIDENT

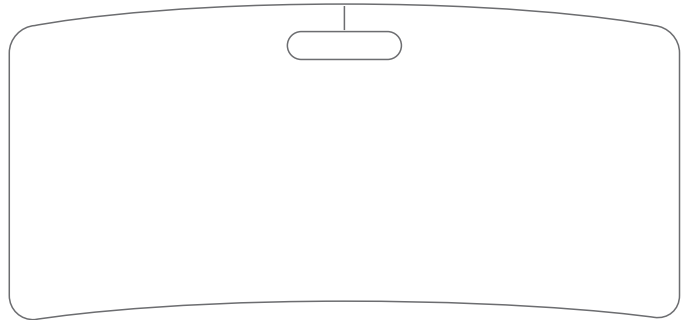
Date of Loss		Date Discovered	
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Date Reported	
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State how breakage occurred

DAMAGE

Estimate nature of damage to glass on sketch provided



Is immediate or future replacement required?	
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Repairer's Name		Estimate	M	(Please attach quote/s)
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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 Specialized Insurance Company may process my claim.

Name		Capacity		Date	
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Insured Signature	
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