



HURUDZA HOUSE, 14-16 NELSON MANDELA AVENUE, P.O. BOX 369, HARARE
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WINDSCREEN BREAKAGE CLAIM FORM

THE ISSUE OF THIS CLAIM FORM IS NOT AN ADMISSION OF LIABILITY

POLICY No.:

INSURED:

NAME IN FULL:

ADDRESS:

PHONE NUMBER: Email Address:

INSURED VEHICLE:

Table with 3 columns: MAKE/MODEL, REGISTRATION No., YEAR MANUFACTURED

DRIVER:

NAME IN FULL:

ADDRESS:

DATE OF BREAKAGE:

CAUSE OF BREAKAGE:

PLACE:

SIGNED: DATE: