WEST INDIES ALLIANCE
INSURANCE COMPANY LIMITED
A Member of the Guardian Holdings Group
23 Dominica Drive, Kingston 5, Jamaica, W.I.
Tel: 876.929.8080-3 • Digiline: 876.877.5076
Fax: 876.960.3179 • e-mail: insure@wia.com.jm

Windscreen Damage

Particulars of Claim

Insured

Policy No. _____ Business Occupation _____

Name _____ _____

Address _____ _____

_____ Telephone No. _____

Insured's vehicle

Make and type _____

Colour _____ Engine Capacity (if power-drawn) _____

Registration No. (if any) _____ Chassis/Frame No. _____

Year of make _____ Present Mileage _____

Name and address of repairers (please enclose or forward estimate) _____

_____

When was damage discovered? _____ Date _____ Time _____ Location _____

How did Damage occur? (Detailed information to be given)

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

I hereby certify that the above statements and the information given are true to the best of my knowledge and belief.

I further declare that to my knowledge no person other than myself has any interest in the lost or damaged property by bill of sales or as Owner, mortgages, trustee or otherwise, save as started above.

Accordingly I claim the sum of $ _____ Date: _____

_____
Signature of Insured