WILLIAMS & KNIGHT
Insurance brokers

Claim form

On completion of the form click the download with changes icon in the top right and email it to

claims@wkbrokers.com

Glass

Broker _____

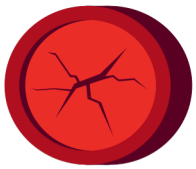
Policy no.	
ID no.	
Claim no.	

Client info			
Name Physical			
Address			
		Code	
Phone no.		Work no.	
Occupation			

Motor info			
Make			
Model			
Reg no.		Year	
Registered owner			

What happened			
Date of incident			
Place			
Cause of breakage			
Name and address of person responsible for the damage			
Name			
Physical address			
		Code	

Witnesses		
Name	Physical address	Phone no.

Details of broken glass				
Type of glass				
Shade				
Windscreen	Back window	Side window	Clear glass	Tinted glass
Type of damage				
Star break	Crack	Totally destroyed		
				

Other insurance	
Is there any other insurance covering the broken glass If yes, state the name of the insurer	Yes No

Declaration

I/we hereby declare that the above particulars are correct.

Client's signature

Date

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