

## **MOTOR VEHICLE CLAIM FORM**

### **FOR VEHICLE WINDSCREEN / WINDOW GLASS DAMAGE**

1.	Insured Name & Address	
2.	Policy No:	
3.	Vehicle Particulars a) Registration No b) Make & Model	
4.	Date of Accident	
5.	Location of Accident	
6.	Brief Description of Accident	
7.	Any Third Party Responsible For Loss	Yes / No If yes, give details
8.	Estimate Loss Amount	
9.	Where to Be Repaired	
10.	Any other Information Relating To This Accident	

**YOUR DECLARATION**

I declare that:

1 All information given to New India in connection with the claim is true.

2 No information relevant to the claim has been omitted.

3 I authorise:

3.1 New India to disclose this information to:

3.1.1 Other members of the insurance industry (including Insurance Claims Register Limited), and

3.1.2 Financially interested parties noted on the policy, and

3.1.3 Parties repairing or replacing your property.

3.2 The disclosure of my personal information held by any other parties to New India for the purpose of considering and administering the claim.

Signed on behalf of all policyholders

Dated: