



Tel +264 61 427 100  
 Fax +264 61 402 168  
 www.namsure.com.na  
 104 Robert Mugabe Ave  
 c/o Conradie Str, Windhoek  
 PO Box 21594  
 Windhoek, Namibia

because it matters

## WINDSCREEN CLAIM FORM

### Declaration

I/We warrant the truth of the answers to the question below and I/we declare that no information has been withheld and that the amount claimed represents my/our loss arising from the stated occurrence. By submitting this claim I declare herewith that I am the Insured in terms of this policy.

Policy No:..... Claim No:.....

Insurer:.....

Name of Insured or Company Name and Postal Address:

Phone Number – Work & Cellphone Number:

### THE VEHICLE:

Make:..... Model:.....

Year of Manufacture:..... Registration No:.....

### THE DRIVER AT TIME OF ACCIDENT:

Name:..... Address:.....

Age:..... Contact No:.....

### THE BREAKAGE:

Date:..... Place:.....

How was the glass damaged:.....

Have instructions for replacement been given? ..... Name of Repairer:.....

Type of Glass: Windscreen:..... Side Window:..... Clear:..... Tinted:.....

Signed at ..... on .....

Signature of Insured:.....