



Quality Insurance... Priced Right!

DOMINION INSURANCE LIMITED

231 Waimanu Road.
P.O. Box 14468, Suva.

WINDSCREEN CLAIM FORM

REFERENCE CODE No

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CLAIM No

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1. Name of Insured in full _____
2. Address _____
3. Occupation _____ Telephone No. _____ Business _____
4. Description of Vehicle _____
5. Registered No: _____
6. For what purpose was it being used at the time of Accident? _____
7. Date of Accident _____ Time _____ am/pm _____
8. Place of Accident _____
9. How did breakage happen? (PLEASE answer this question fully and clearly)

10. (a) Name of person driving Motor Vehicle Mr/Mrs/Miss _____ (b) Age _____
(i) Licence Number _____ (ii) Expiry Date _____
11. Name and address of person, (if any) whom you consider responsible for breakage

12. Please give details (if any) of any injuries suffered or damage to any other vehicle or property resulting from the windscreen breakage

13. If you have paid the account, what was the amount? (Please attach receipt)
\$ _____
14. If windscreen has not been replaced, please advise:
(a) Estimated cost of replacement (attach quotation if possible \$ _____)
(b) Proposed Repairer _____

Address _____
15. Have you made any claims for windscreen breakage previously? _____
If so, advise date of accident and approximate cost of repairs: _____

I/We, the undersigned, do hereby warrant the truth of the foregoing statements in every respect to the best of my/our knowledge, information and belief.