

**GOLDSTAR INSURANCE CO. LTD**  
**Windscreen Glass (Motor) Claim Form**  
**(WITHOUT PREJUDICE)**

1. Insured\_\_\_\_\_
2. PolicyNo.\_\_\_\_\_Date\_\_\_\_\_
3. Address\_\_\_\_\_
4. Reg.no.\_\_\_\_\_
5. Make&type\_\_\_\_\_
6. Date on which damage occurred\_\_\_\_\_
7. Name of Driver of Vehicle \_\_\_\_\_
8. Place of Accident \_\_\_\_\_
9. Description of incident and damage  
\_\_\_\_\_  
\_\_\_\_\_
10. Is replacement windscreen same type as broken one?  
\_\_\_\_\_
11. Was any damage caused to the vehicle other than breakage of the  
windscreen/windows?  
\_\_\_\_\_
12. I do hereby warrant the truth of the answers, and particulars given on this form  
and that I have withheld no material information and I hereby claim for the  
damage as set out on this form.

Signature of Insured\_\_\_\_\_