

MOTOR VEHICLE WINDSHIELD REPORT

INSURED'S NAME AND ADDRESS	NAME
	OCCUPATION
	HOME ADDRESS
	BUSINESS ADDRESS
	TELEPHONE NUMBERS (C)(W)
	IS THERE ANY OTHER POLICY COVERING THIS VEHICLE?
	WERE YOU IN THE VEHICLE WHEN THE INCIDENT TOOK PLACE?
DETAILS OF INSURED	POLICY NUMBERCOVERAGE
	RENEWAL DATE
DETAILS OF VEHICLE	REGISTRATION NUMBER
	MAKE & MODEL
	WAS THERE ANY UNREPAIRED DAMAGE PRIOR TO THE INCIDENT?
DETAILS OF USE	STATE FULLY THE PURPOSE FOR WHICH THE VEHICLE WAS BEING USED AT THE TIME OF THE INCIDENT
	OSED AT THE TIME OF THE INCIDENT
	IF THE VEHICLE WAS BEING DRIVEN BY A PERSON OTHER THAN THE INSURED, BY WHOSE AUTHORITY WAS IT BEING USED?
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WHAT IS THE RELATIONSHIP OF THE DRIVER WITH THE INSURED?

DETAILS OF ACCIDENT	DRIVER'S NAME	
	ADDRESS	
	DRIVER'S LICENSE#	DATE ISSUED
_	DATE OF BIRTH	
	DATE OF INCIDENT	TIME
TO BE COMPLETED BY DRIVER ONLY		
I DECLARE 1	HAT THESE PARTICULA	RS ARE TRUE AND COMPLETE:
SIGNATURE	OF DRIVER:	DATE:
SIGNATURE	OF OWNER.	DATE:

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