



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 NUMBER** _____ **COVERAGE** _____
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** _____

IF THE VEHICLE WAS BEING DRIVEN BY A PERSON OTHER THAN THE INSURED, BY WHOSE AUTHORITY WAS IT BEING USED? _____



INSURANCE

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** _____

STATEMENT TO BE COMPLETED BY DRIVER ONLY

I DECLARE THAT THESE PARTICULARS ARE TRUE AND COMPLETE:

SIGNATURE OF DRIVER: _____ **DATE:** _____

SIGNATURE OF OWNER: _____ **DATE:** _____

