

# Motor Insurance Claim Form for Windshield Replacement

Filing a **motor insurance claim** for windshield replacement requires a properly filled claim form. This sample form guides you through providing essential details like policy information, damage description, and repair estimates. Submitting an accurate claim form ensures a faster and smoother approval process.

**Note:** This is a sample form. Please consult your insurer for their official claim form and procedure.

## 1. Policyholder Information

Full Name	<input type="text"/>
Address	<input type="text"/>
Contact Number	<input type="text"/>
Email	<input type="text"/>

## 2. Policy Details

Insurance Company	<input type="text"/>
Policy Number	<input type="text"/>
Policy Period	<input type="text"/> From <input type="text"/> to <input type="text"/>

## 3. Vehicle Information

Registration Number	<input type="text"/>
Make & Model	<input type="text"/>
Year of Manufacture	<input type="text"/>
Chassis Number	<input type="text"/>
Engine Number	<input type="text"/>

## 4. Damage Details

Date of Damage	<input type="text"/>
Time of Damage	<input type="text"/>
Location of Incident	<input type="text"/>
Description of Damage	Describe how the windshield was damaged <input type="text"/>
Cause of Damage	<input type="text"/> Stone/Gravel Impact <input type="button" value="▼"/>
If Other, please specify	<input type="text"/>

## 5. Repair Estimate

<b>Repairer/Garage Name</b>	<input type="text"/>
<b>Estimated Amount</b>	<input type="text" value="e.g., \$500"/>
<b>Upload Estimate Invoice</b>	<input type="button" value="Choose File"/> No file selected

## 6. Declaration

I declare that the information provided above is true and correct to the best of my knowledge.

Date:

Signature: