

# 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	<div><div>From</div><div><input type="text"/></div></div> to <div><div>To</div><div><input type="text"/></div></div>

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	<div>Describe how the windshield was damaged</div> <div><input type="text"/></div>
Cause of Damage	<div>Stone/Gravel Impact</div> <div><input type="text"/></div>
If Other, please specify	<input type="text"/>

5. Repair Estimate

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

6. Declaration

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

Date:

Signature:

Submit Claim