

## VAPS Insurance Underwriters | Windscreen Claim Form

Every question must be answered fully. The abbreviation N/A should be used where the question is not applicable.  
The company does not admit Liability by the issue of this form.

### Insured Details

Trading Name:	<input type="text"/>		
VAT Number:	<input type="text"/>	Contact Person:	<input type="text"/>
Postal Address:	<input type="text"/>	Physical Address:	<input type="text"/>
Postal Code:	<input type="text"/>	Postal Code:	<input type="text"/>
Tel/Cell Nr:	<input type="text"/>		
Email Address:	<input type="text"/>		

### Vehicle Details

Make:	<input type="text"/>	Model:	<input type="text"/>	Registration number:	<input type="text"/>
VIN Number:	<input type="text"/>			Autotrak Installed:	Yes <input type="checkbox"/> No <input type="checkbox"/>

### Accident Details

Date:	<input type="text"/>	Place:	<input type="text"/>	Time:	<input type="text"/>
Short Description of the Accident:					
<input type="text"/>					
<input type="text"/>					
<input type="text"/>					

### Description of Damage

Provide details about the damage, if it can be repaired or if it should be replaced

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>

### Declaration

I / we declare that to the best of my / our knowledge the above statements are true. I acknowledge that the information set out above is provided freely so that VAPS may process my claim and give effect to the terms and conditions contained in the policy wording. I herewith give my consent that VAPS may use this information, my personal information on record and additional information obtained from other sources to determine whether to accept or reject my claim, and take all necessary steps ancillary thereto to give effect hereto.

Name of Authorised Signature:	<input type="text"/>		
Signature:	<input type="text"/>	Date:	<input type="text"/>
		Place:	<input type="text"/>