

WINDSCREEN DAMAGE CLAIM FORM



Claim number	Policy number
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Insured/driver details

Name of insured / driver	Age
License details	
Date issued	Where issued
Advanced Driving Course? (If yes please attach certificate) Yes <input type="checkbox"/> No <input type="checkbox"/>	

Vehicle details

Make	Year
Model	Registration number
Place where breakage occurred	
State how breakage occurred	
If insured was not present, when was breakage reported?	

Damage

Indicate damage on sketch 	
Is immediate or future replacement required?	
Repairer's name	Estimate date of loss
Where may vehicle be inspected?	

Declaration

Processing Consent:

By making use of our services, products and service channels, I explicitly agree and consent that MUA may process my personal information (which includes special personal information) for the purposes as described in the [Privacy and Security Policy](#). Please note that if you are acting on behalf of the proposer / policyholder in any capacity, by signing, you explicitly confirm that you have the written/recorded authority and/or mandate to act on their behalf.

I/we declare that the foregoing particulars to be true in every respect.

Signature of insured	Date
Signature of driver, if other than insured:	Date

Bank details

Bank	Account holder
Branch code	Account number
ID / Co. Reg. / Trust no.	