

Zimnat Lion Insurance Company Limited

Windsreen - Claim Form

CLAIM FORM SECTION - FOR COMPLETION BY THE INSURED

Please state as fully and accurately as possible the information asked for below
Acceptance of this form is not an admission of liability on the part of the company

Name of Insured..... Occupation:.....
Address..... Telephone No.....
..... Policy

Motor Vehicle Make..... Model..... Registration..... Year.....

Details of breakdown and driver

Date of Breakage..... Date of Replacement..... Cost \$.....
Name of repairer/ glazier.....
Name of driver.....
Address of driver.....
Number, date and place of issue of driving licence.....
Was driver in your employment?.....
State purpose of which vehicle was being used.....
Describe how the damage occurred.....
.....
.....

I/We hereby confirm that the above statements and facts are true and that I/we have not withheld from the Company any information within my/our knowledge connected with the loss

Date..... Signature:.....

AUTHORITY SECTION - FOR COMPLETION BY ZIMNAT LION OFFICIAL

THIS IS TO INTRODUCE Mr..... who
requires a Windsreen/ Door Glass/ Rearlight fitted to his.....
Vehicle Registration number.....

N.B. The cost of his work is to be charged to ZIMNAT LION
Subject to contributions to be collected from the insured as
shown opposite

Signature.....

Cost of replacement..... \$.....
Less Excess from Insured..... \$.....
Less %contribution from Insured..... \$.....
To ZIMNAT LION a/c..... \$.....

THIS SECTION TO BE COMPLETED BY THE INSURED

The..... Motor Vehicle
Registration No..... damage on or about the..... day
of..... 20..... has been repaired to my entire satisfaction.
Date..... Signed.....

N.B. Repairers should attach this form to the invoice and forward it to Zimnat Lion Insurance Co. Ltd.