



General Accident Insurance Company (Ja.) Limited
 58 Half Way Tree Road
 Kingston 10

Tel.#: (876) 929-9643-8 Fax No.: 929-6764 E-mail: genac@cwjamaica.com Website: www.genac.com

WINDSCREEN CLAIM FORM

PLEASE PRINT CLEARLY AND ANSWER ALL QUESTIONS

INSURED'S NAME & ADDRESS	
NAME: :	OCCUPATION:
HOME ADDRESS: :	TELEPHONE NO.:
BUSINESS ADDRESS:	TELEPHONE NO.:
POLICY #:	CELLULAR NO.:
DRIVER'S NAME:	LICENCE TYPE/NO.:
DRIVER'S ADDRESS:	

VEHICLE DETAILS	
MAKE & MODEL:	YEAR:
REGISTRATION #:	CHASSIS #:

CLAIM DETAILS	
DATE OF INCIDENT :	TIME:
WHERE DID DAMAGE OCCUR?	WAS THERE ANY OTHER DAMAGE TO THE VEHICLE?
ESTIMATE OF REPAIRS:	
REPAIRER'S NAME & ADDRESS:	

(PLEASE ATTACH PRO-FORMA INVOICE/ ESTIMATE TO THIS FORM)

DAMAGE DETAILS
DESCRIBE HOW DAMAGE OCCURRED:

(PLEASE ATTACH COPY OF DRIVER'S LICENCE)

I/We do declare that the foregoing particulars are true in all aspects.

Insured's Signature: _____ Date: _____.

Driver's Signature: _____ Date: _____.

For Official Use Only:	Damage Inspected by:	Date:
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