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MOTOR VEHICLE WINDSCREEN CLAIM FORM

POLICY NO. _____ CLAIM NO. _____

Section A: personal details

1. Insured: _____
2. Address: _____
3. Occupation/business: _____
4. Tel. no. _____ E-mail: _____

Section B: vehicle details

5. Vehicle registration no. _____ Year: _____ Make: _____ Model: _____
6. Windscreen Limit: _____

Section C: driver details

7. Name of driver: _____ Relationship to owner: _____
8. Address: _____
9. Tel no. _____ E-mail: _____
10. Occupation/Business: _____
11. Date of Birth: _____ Identification no: _____
12. Driver's licence: No. _____ Class: _____ Date of issue: _____ Expiry: _____

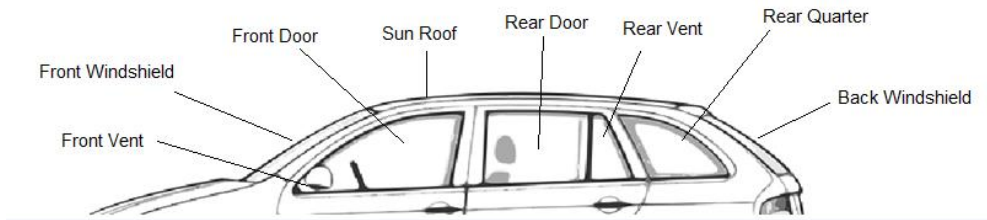
Section C: circumstances of windscreen damage

13. Tell us how it happened: _____

14. Date of accident: _____ Time: _____ Place: _____
mm/dd/yy

15. Damage: **Please indicate in appropriate boxes, type of damage and area affected.**

<input type="checkbox"/>	Front Windshield	<input type="checkbox"/>	Back/Rear Windshield
<input type="checkbox"/>	Right Front Glass	<input type="checkbox"/>	Left Front Glass
<input type="checkbox"/>	Right Back/Rear Glass	<input type="checkbox"/>	Left Back/Rear Glass
<input type="checkbox"/>	Right Back/Rear Quarter Glass	<input type="checkbox"/>	Left Back/Rear Quarter Glass
<input type="checkbox"/>	Sun Roof Glass		



Windscreen/Window Glass shattered Windscreen/Window Glass Cracked

I declare that the above particulars are true and correct to the best of my knowledge and belief.

Date: _____ Signature of Driver: _____

Date: _____ Signature of Insured: _____