



Please Complete, Sign and return to your O'Leary contact as soon as possible

WINDSCREEN BREAKAGE CLAIM FORM

Insurer: _____

Policy No. _____

Name of Insured _____

Address _____

Home No. _____

Business or Occupation: _____

Work No. _____

Is the Insured registered for VAT? No Yes

If "Yes", Please give registration number: _____

Vehicle registration number Year of Manufacturer: _____

Make and Model Cubic Capacity: _____

Was windscreen Toughened? Laminated? Tinted?

Date of breakage: ___/___/___ Location of breakage: _____

Brief details of breakage and cause: _____

Name and date of birth of driver responsible for vehicle at time of breakage: Name: _____ Date: ___/___/___

Does the driver hold a full or provisional driving licence? _____

State class(es) of vehicle covered by licence _____

Date of issue of licence: ___/___/___

Date of Birth: ___/___/___

Has the driver ever been convicted by a court of any offence in connection with a motor vehicle? No Yes

Have you had your windscreen replaced? No Yes

If "Yes", please enclose invoice and repairer's report, if supplied. _____

I/We declare the foregoing particulars to be correct according to my/our information and belief

Date: ___/___/___

Your signature: _____