



**RICHARD GRUBB
& ASSOCIATES**

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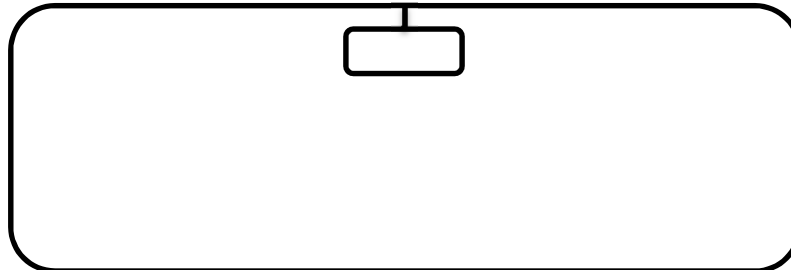
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**INSURANCE CONSULTANTS & RISK MANAGERS
WINDSCREEN CLAIM FORM**

Please complete questions in full

NAME (in full)			
Contact numbers:	Office:	Cell:	
INSURER		Policy Nr	
Place Of Loss		Date of Loss	
Time of Loss		AM	PM
Vehicle Make & Model			
Registration Number		Year	
State how breakage occurred			

Indicate damage on sketch



Repairer's Name			
Bank			
Account Holder		Type Account	
Account Number		Branch Code	

I / We hereby declare that the foregoing particulars to be true in every respect. I / We therefore claim the sum of R_____ . DATE: _____ .

SIGNATURE OF CLAIMANT: _____ . WITNESS: _____ .