



# Netherlands Insurance Co (WI) Ltd.

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## BROKEN WINDSCREEN ONLY

**NB:** This claim form is to be used for Broken Windscreens Only. If there is any other damage the company's ordinary motor vehicle claim form must be completed.

**Insured's Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**Telephone No:** ( ) \_\_\_\_\_  
**Policy Number:** \_\_\_\_\_ **From:** / / **To:** / /  
**Driver's Name:** \_\_\_\_\_ **Driver's Age:** \_\_\_\_\_  
**License No.** \_\_\_\_\_ **Expiry Date:** / /

### Particulars Of Insured Vehicle:

MAKE OF VEHICLE	MODEL	YEAR	ENGINE NO.	REG. NO.

**Date of Breakage:** / /

**Was broken windscreen?** Zone Toughened  Laminated  Tinted   
(Tick as appropriate) Banded  Amour Plate

**Was windscreen struck by stone?** Yes  No

**Please outline details of the incident:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Driver's Signature (if applicable):** \_\_\_\_\_ **Date:** \_\_\_\_\_

**I/We declare that the above is a true statement of the facts and matters relating to this claim.**

**Insured's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_