

Western Pacific Insurance Limited - Vehicle Glass Claim Form

The issue of this form is not an admission of liability

Type of Policy

Policy No

Name of Insured	Tel. No.
Postal Address	Postcode
Vehicle Registration #	
Name of Driver	
License #	
Date of Event	/ / 20 at am/pm or between am/pm and am/pm
Where did the event occur?	
Amount claimed (as shown on the Schedule on reserve side of this form), please attach estimate or invoice	
Is any Third Party to blame for loss or damage?	Yes / No? (If yes, who?)
Name/s and address/es of witness/es, if any

DECLARATION

(If a firm, this declaration must be made and signed by a member of the firm, so describing himself)

I/We declare that the above answers are true and correct, that I/We have in no manner caused the loss or by any fraud or willful misrepresentation sought unjustly to benefit by the event and that the information detailed in the Schedule appearing above is true and faithful account of the actual loss sustained excluding any profit or advantage.	
Date at:.....	this..... day of.....20.....
Signature