



Discover Insurance Company

Stand No. 27, Njoka Road,

Olympia Park, Lusaka

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Email: insure@discoverinsurance.co.zm

WINDSCREEN CLAIM FORM

THE ISSUE OF THIS FORM IS NOT AN ADMISSION OF LIABILITY TO THE COMPANY

(Please answer all questions to the best of your knowledge)

INSURED

Name			
Postal address		Tel No:	
Email address		Fax No:	
Occupation		Policy No:	

VEHICLE DETAILS

Make/ Type		Sum Insured	
Reg. No		Year of Manufacture	
Mileage completed		CC	

DRIVERS DETAILS

Name				
Address		Phone No:		
Occupation		Date of Birth		
Driving license	No:	Date of issue	Place of issue	Class Full/ Learner

State the purpose for which the car was being used	
Was he/she driving with your permission?	
Was he/she in your employment? If yes, how long.	
Details of any previous accidents	

PARTICULARS OF DAMAGE

Date, time and place			
Visibility, weather condition and road surface			
Type of road surface and speed			kph
How did the breakage happen?			

DAMAGE TO MOTOR VEHICLE

State extent of damage	
Estimate of repair cost	
Where can your vehicle be inspected?	
Was the Glass or surround damaged or weakened in any way before this accident?	

DECLARATION

I/ we hereby declare that the foregoing particulars are true to the best of My/Our knowledge	
Signature of Insured.....	Date.....
Capacity.....	
Official stamp in case of Company	
KINDLY NOTIFY THE INSURERS IMMEDIATELY IF ANY CIRCUMSTANCE REGARDING THIS CLAIM CHANGE.	