

AIG EUROPE LIMITED

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Services Centre, Dublin 1.

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WINDSCREEN CLAIM FORM

Completion of claim form not required
if using our suppliers through the
AIG Glass line 1850 200552

**1. INSURED**

Name of Insured _____ Policy No. _____
 Address _____ Home Phone No. _____
 E-mail _____ Business or Occupation _____ Work Phone No. _____
 Is the Insured registered for VAT? Yes No

2. VEHICLE

Make and Model _____ Year of Manufacture _____
 Vehicle Registration Number _____ Cubic Capacity _____
 Was windscreen Toughened Laminated Tinted
 Date of breakage _____ Location of breakage _____
 Brief details of breakage and cause _____

3. DRIVER

Name of driver responsible for vehicle at time of breakage _____
 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 _____

4. ACCIDENT

If the cost of repairs exceeds the limit under your private car policy do you wish to:-

- (a) make a claim for full amount thereby affecting your No Claim discount? Yes No
 (b) Pay the amount in excess of the limit yourself thereby leaving your no claim discount intact? Yes No

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

Signature of Insured _____ Date _____