

**Windscreen / Glass Breakage Claim Form**

**Policy No:** \_\_\_\_\_ **Claim Ref:** \_\_\_\_\_ **Insurer:** \_\_\_\_\_  
**Policy Start Date:** \_\_\_\_\_ **Policy Expiry Date:** \_\_\_\_\_

A

**Policyholder Details**

**Name of Insured:** \_\_\_\_\_ **Name of driver (if different)** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
\_\_\_\_\_  
**Telephone Number:** \_\_\_\_\_ **Policy Number:** \_\_\_\_\_

B

**Vehicle Details**

**Registration Number:** \_\_\_\_\_ **Make & Model:** \_\_\_\_\_  
**Date of Glass Breakage:** \_\_\_\_\_ **Item of glass damaged:** \_\_\_\_\_  
**Cause of Breakage:** \_\_\_\_\_  
**Has the glass been repaired?** Yes ☐ No ☐ **If yes, include a copy of the invoice.**  
**Have you paid the repairer?** Yes ☐ No ☐ **Name of repairer:** \_\_\_\_\_

C

**Data Protection**

Your Personal Data will be used to enable us to fulfil our contractual obligations in relation to your insurance cover and the provision of any ancillary risk management services. We will process (collect, store and use) the information you provide in a manner compatible with the EU's General Data Protection Regulation (GDPR). We will endeavour to keep your information accurate and up to date, and not keep it for longer than is necessary.

We may pass your personal data on to third-party service providers contracted to Ornella in the course of dealing with you. Any third parties that we may share your data with are obliged to keep your details securely, and to use them only to fulfil the service they provide on your behalf. When they no longer need your data to fulfil this service, they will dispose of the details in line with Ornella procedures.

We recommend you read our Privacy Policy. It is available on our website [www.ornellaunderwriting.ie](http://www.ornellaunderwriting.ie). If you cannot access our website, please let us know. We will provide a copy by email or post.

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<div>D</div>	<b>Declaration</b>	
	I/ we declare that the foregoing statements are true and correct in every respect and I/we undertake to tender every assistance in my/our power in dealing with the matter.	
	Date: _____	Signature: _____

Please return the completed form along with a copy of the relevant **paid invoice** to:

Ornella Underwriting Limited  
The Bushels  
Cornmarket  
Wexford

Or by email to: [claims@ornellaunderwriting.ie](mailto:claims@ornellaunderwriting.ie)