

Windscreen / Glass Breakage Claim Form

Policy No: «BPY.POLNO»	Claim Ref: «WUCL.CLAIMSUFFIX»	Insurer: «BPY.INSICO»
Policy Start Date: _____		Policy Expiry Date: _____

Policyholder Details

Name of Insured:	Name of driver (if different)
Address: _____	
Telephone Number: _____	Policy Number: _____

Vehicle Details

Registration Number:	Make & Model:
Date of Glass Breakage: _____	Item of glass damaged: _____
Cause of Breakage: _____	
Has the glass been repaired? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, include a copy of the invoice.
Have you paid the repairer? Yes <input type="checkbox"/> No <input type="checkbox"/>	Name of repairer: _____

Declaration

I/We declare that the foregoing information is true and correct to the best of my/our knowledge and belief.

Policyholders' Signature: _____	Date: _____
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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