

# Windscreen Breakage Claims Form

To complete this form, fill in the designated highlighted fields. Please ensure you save the form to your computer. You can then either print it and return it to your broker by post/fax or email the electronic version.

Alternatively send the form directly to: Travelers Insurance Company Limited, Europa House, Harcourt Centre, Harcourt Street, Dublin 2, Ireland. Tel: 01 609 5600 Fax: 01 609 5640 Email: [ieclaims@travelers.com](mailto:ieclaims@travelers.com)

DATA PROTECTION: We share and exchange all claims information with the Insurance Link database, run by the Irish Insurance Federation. The aim is to help us check information and prevent fraudulent claims. When you tell us about an incident, we will pass information about it to the register. For further information - [click here](#) to email the Compliance Manager at Travelers Insurance Company.

Broker  Policy Number

The issue of this form is not an admission of liability on the part of the company.

**Insured** (Please answer every question fully: failure to do so will result in delay. Please write in block capitals.)

Title	First Name(s)	Surname	Telephone Number (Home)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Address			Telephone Number (Work)
<input type="text"/>			<input type="text"/>
			Email
			<input type="text"/>
Business or occupation (if more than one state all)			Are you registered for VAT?
<input type="text"/>			Yes <input type="checkbox"/> No <input type="checkbox"/>
			If yes, give registration number
			<input type="text"/>

## Vehicle Details

Vehicle registration number	Make and model	Cubic capacity	Year of Manufacture
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of breakage	Location of breakage	Was your windscreen:	
<input type="text"/>	<input type="text"/>	Toughened? <input type="checkbox"/>	
Brief details of breakage and cause		Laminated? <input type="checkbox"/>	
<input type="text"/>		Tinted? <input type="checkbox"/>	

## Details of driver responsible for vehicle at time of breakage

Name of driver responsible for vehicle at time of breakage	Date of birth	Type of licence held:
<input type="text"/>	<input type="text"/>	Full <input type="checkbox"/>
State class(es) of vehicle covered by licence	Date of issue of licence	Provisional <input type="checkbox"/>
<input type="text"/>	<input type="text"/>	
Has the driver ever been convicted by a court of any offence in connection with a motor vehicle?		Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you had your windscreen replaced? Yes <input type="checkbox"/> No <input type="checkbox"/>		If yes, please enclose invoice and repairer's report, if supplied

## DECLARATION

I/We declare that the foregoing particulars are true to the best of my/our knowledge and belief.

Signature of policyholder: I am an authorised signatory and by submitting this proposal in electronic form, acknowledge such as if having signed it

<input type="text"/>	Date <input type="text"/>
----------------------	---------------------------