

**ALLIANCE INSURANCE COMPANY (PVT) LIMITED**

**HARARE ADDRESS**

66 Ridgeway North, Borrowdale, Harare  
P.O Box Bw 339, Borrowdale, Harare

Tel: +263 4 882060; +263 4 882150/56

Fax: +263 4 882229

Email : [queries@aic.co.zw](mailto:queries@aic.co.zw)

**BULAWAYO ADDRESS**

7 Oaks Avenue, Suburbs, Bulawayo

Tel: +263 9 230683; +263 9 230651/3

Fax: +263 9 230689

Email: [queries@alliance.co.zw](mailto:queries@alliance.co.zw)

**WINDSCREEN CLAIM FORM**

PLEASE STATE AS FULLY AND AS ACCURATELY AS POSSIBLE THE INFORMATION ASKED FOR BELOW.  
ACCEPTANCE OF THIS FORM IS NOT AN ADMISSION OF LIABILITY

INSURED: Name ..... Address .....  
Telephone No. Home ..... Business.....

**\*SHOULD THE COMPANY BE LIABLE TO SETTLE THIS CLAIM PLEASE TICK THE APPLICABLE**

- 1. DEPOSIT CHEQUE INTO: BANK..... ACCOUNT NO..... BRANCH .....
- 2. SEND CHEQUE VIA MY BROKERS

VEHICLE: In use at the time of the accident by either the Insured or his driver.  
Make/Model: ..... Reg No. ....  
Colour: ..... Type of Body .....  
State fully the purpose for which the vehicle was being used at the time of the accident:  
.....  
.....  
.....

DRIVER: Name of Driver at the time of accident .....  
Age: ..... Driver's Licence Number .....  
Date of Issue: ..... Where Issued: .....

ACCIDENT: Date of Breakage ..... Place where breakage occurred: .....  
If Insured not present when did he/she receive notification of the breakage: .....

Repairer's Name: ..... Cost of Replacement .....

Where can motor car be inspected? .....

How was the windscreen broken? .....  
.....

I/We declare the foregoing to be true in every respect.

Signature of Insured: ..... Date: .....