

PLEASE ENSURE THAT A CLEAR COPY OF REPAIRERS QUOTE IS ATTACHED
HAIL DAMAGE CLAIM FORM

INSURER

Insurer:	Broker:
Policy No:	Claim No:

INSURED

Insured:	
Address:	
Tel No:	Mobile No:
Email:	Identity No:

VEHICLE DETAILS

Make:	Model:	Year:
Registration:		
Is the vehicle subject to HP/Lease: Yes No		
Financial Company:	Tel No:	

DRIVER DETAILS

Full Name:	
Address:	
Identity No:	Tel No:

DETAILS OF DAMAGE

Date:	Time:
Place:	Weather:
Sketch of Accident (If necessary use separate page) - Please show clearly the point of impact and indicate direction or click on block below to upload an image.	

DECLARATION: I/We hereby declare that the foregoing particulars including the stated loss are true and correct in every respect.

Signature of Insured:	Capacity:
Signature of Driver:	Date: