



**INSURANCE MANAGEMENT  
(BAHAMAS) LIMITED**  
INSURANCE AGENTS & BROKERS

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## WINDSCREEN CLAIM FORM

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### THE INSURED

Policy #: \_\_\_\_\_ Policy Cover: \_\_\_\_\_  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Telephone#: \_\_\_\_\_ (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C)

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### VEHICLE

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_  
License Plate #: \_\_\_\_\_ Chasis/Vin #: 

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### THE DRIVER

Name: \_\_\_\_\_ Driver's License #: \_\_\_\_\_  
Address: \_\_\_\_\_  
Employer/Occupation: \_\_\_\_\_

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### DETAILS OF LOSS

Date: \_\_\_\_\_ (DD/MM/YYYY)  
Time: \_\_\_\_ : \_\_\_\_ AM / PM Location: \_\_\_\_\_

Is the vehicle mobile?  YES  NO  
If No, please give location of vehicle? \_\_\_\_\_

Were the Police Notified?  YES  NO

Please give a brief summary of the events surrounding the loss. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_