

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 Designated Activity Company. Third Floor, Block 8, Harcourt Centre, Charlotte Way, Dublin 2, Ireland' Tel: 01 609 5600 Fax: 01 609 5640 Email: 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.

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

Address

Telephone Number (Home)

Telephone Number (Work)

Email

Business or occupation (if more than one state all)

Are you registered for VAT?
If yes, give registration number

Yes No

CIRCUMSTANCES

Vehicle registration number	Make and model	Cubic capacity	Year of Manufacture
Date of breakage	Location of breakage		
Was your windscreen:		Toughened?	Laminated? Tinted?
Brief details of breakage and cause			

DETAILS OF DRIVER RESPONSIBLE FOR VEHICLE AT TIME OF BREAKAGE

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

DECLARATION

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

Signature of the Proposer

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

Date

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