

MOTOR WINDSCREEN CLAIM

CAPTURE DATE:.....

MEMBERS DETAILS

NAME:.....DATE:.....TIME:.....

VEHICLE DETAILS:.....

I.D.#:.....EMAIL:.....

ADDRESS:.....

.....

.....

TEL#:.....CELL#:.....

CLAIM INFORMATION

DATE OF LOSS:.....

DESCRIPTION OF LOSS:.....

.....

.....

CLAIM AMOUNT:.....
(*PLEASE ATTACH COPY OF INVOICE)

BANK DETAILS

BANKING DETAILS FOR REFUNDS:

BANK NAME:.....

BANK ADDRESS:.....

ACCOUNT NAME:.....

ACCOUNT NUMBER:.....

BRANCH CODE:.....

SWIFT CODE:.....

ANY OTHER DETAILS FOR BANK:.....

DECLARATION

I/We.....declare that all the above is correct and true.
(NAME & LAST NAME)

Please ensure that the banking information is correct before signing this application.

Signed:.....**Date:**.....

Full Names:.....