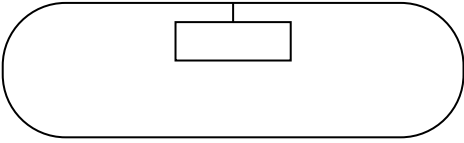


Insured	Name	
	Address and phone no	
	Business or occupation	
	Policy Number	
Driver	Name and age	
	Driver's License number & date issued	
	Where license issued	
Vehicle	Make and Model	
	Year & Registration number	
	Purpose for which vehicle was being used at time of accident	
Accident	Date and Time	
	Place where breakage occurred	
	State how breakage happened	
	If Insured was not present, when was breakage reported to him?	
Damage	Indicate nature of damage to glass on sketch	
	Is immediate or future replacement required ?	
	Repairer's name & estimate	
	Where may vehicle be inspected?	
Declaration	I/We declare the foregoing particulars to be true in every respect.	
	Signed Insured: Driver, if other than Insured Date:	