

## Riskflow Motor Fleet Insurance | Motor Windscreen Claim Form

Inception Date of Policy:  Policy Number:

### 1. Broker Details

Brokerage Name:  Contact Person:

### 2. Insured Details

Trading Name:   
Previous Trading Name:   
VAT Number:  Company Reg/ID Number:   
Type of Business:   
Postal Address:  Physical Address:   
Postal Code:  Postal Code:   
Tel/Cell Nr:   
Email Address:

### 3. Vehicle Details

Make:  Model:   
Year:  Registration:   
VIN Number:  Autotrak Cameras: Yes ☐ No ☐

### 4. Accident Details

Date:  Time:   
Place:  Repaired: ☐ Replaced: ☐

Please provide details about the damage:

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### 8. Declaration

I/We declare that to the best of my / our knowledge the above statements are true. I/We acknowledge that the information set out above is provided freely so that Riskflow may process my claim and give effect to the terms and conditions contained in the policy wording. I/We herewith give consent that Riskflow may use this information, my personal information on record and additional information be obtained from other sources to determine whether to accept or reject my claim, and take all necessary steps ancillary thereto to give effect hereto.

Name of Authorised Signature:

Signature:  Date:   
Place: