



Head Office:
VMBS Bldg.: 53 Knutsford Blvd., Kingston 5.
Tel: 876-968-0600-6. Fax: 876-926-3957
Branches:
Half-Way-Tree: 73-75 Half-Way-Tree Road.
Tel: 876-920-0600 Fax: 876-968-0146

Portmore: Lot 1 Sea Grape Close, Portmore Town Centre.
Tel: 876-704-2862 Fax: 876-939-8446
Mandeville: Shop #3, Manchester Shopping Centre.
Tel: 876-962-3778 Fax: 876-962-1088
Montego Bay: 7 Market Street.
Tel: 876-952-1272 Fax: 876-940-4601

WINDSCREEN CLAIM FORM

INSURED'S NAME & ADDRESS

1. Name
2. T.R.N
3. Occupation
4. Home address
5. Home telephone no.
6. Business address
7. Business telephone no.
8. Other contact telephone no.

PARTICULARS OF VEHICLE

9. Make & Model
10. Year
11. Registration no.
12. Chassis no.

PARTICULARS OF CLAIM

13. Date of incident
14. Time of Incident
15. Where did the incident occur?
16. Was there any other damage to the vehicle?
17. Estimate of repairs
18. Repairer's name & address

19. Describe how damage occurred

PARTICULARS OF DRIVER

20. Driver's name

21. Licence Type/No.

22. Driver's address

22. Driver's Telephone No.

(Please send in a copy of driver's licence)

I/We do declare that these particulars are true and complete.

Insured's Signature

Date

Driver's Signature

Damage Inspected by

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