



Motor Windscreen claim form

Nuku'alofa: Patco Building, Taufua'ahau Road

Phone: (676) 21105

Fax: (676) 25143

POLICY HOLDER AND VEHICLE DETAILS					
Given names Mr. Mrs.Ms				Surname:	
Address:				Occupation:	
Contact Numbers	Home	Bus:	Mob:	Fax:	Email:
Make:	Model:		Type: Car, Van etc:		
Registration number:	Year:		Purchase date:		
Purchase price:	Modified: Yes <input type="checkbox"/> No <input type="checkbox"/>		If Yes state details		
Name of any party with financial interest:					
Detail all windscreen breakages that you have been involved in the last 5 years. (If none state nil)					
Approx Date	Details		Insurance Company		
DRIVER DETAILS AND DETAILS OF ACCIDENT OR LOSS					
Given Names: Mr. Mrs. Ms				Surname:	
Address:				Occupation:	
Relationship to insured:	Date of Birth	Licence number:	Type of licence:	Years held	
Location: (e.g. street):				Suburb/Town:	
Time:	Hrs	Date:	Day:		
Speed prior to braking: km.p.h.	Km.p.h	Approx speed on impact:	Km.p.h		
Road surface sealed?			Weather:	Road surface condition:	
Where your headlights on and functioning?		Yes <input type="checkbox"/> No <input type="checkbox"/>	If "Yes":		
Where had you been and where were you going?					
Who do you consider was responsible for the accident?			If other state who:		
Your reasons for thinking the other party were to blame.					
Please give details (if any) of any injuries suffered or damage to any other vehicle or property resulting from the windscreen breakage:					
Please attach the invoice if paid	Amount \$	Name of repairer:			
Please attach quotation or estimate if to repaired	Amount \$	Name of repairer:			
I/We agree to Dominion Insurance (Tonga) Limited releasing to other parties personal information regarding this claim.					
I/We authorise Dominion Insurance (Tonga) Limited or its authorised agent to give or obtain from the other insurers or other parties any information relating to any insurance held or claim made.					
I/We solemnly declare that the information given & contained in this document is true & correct by virtue of the Oaths & Declarations Act.					

Insured's Signature

Date / /

Driver's Signature

Date / /

Policy No.

Insurance period from:

Insurance premium:

\$

Claim No.

To:

Date paid:

Receipt no: