

Policy No: _____	Claim Ref: _____	Insurer: _____
Policy Start Date: _____	Policy Expiry Date: _____	

A

Policyholder Details

Name of Insured: _____	Name of driver (if different) _____
Address: _____	
Telephone Number: _____	Policy Number: _____

B

Vehicle Details

Registration Number: _____	Make & Model: _____
Date of Glass Breakage: _____	Item of glass damaged: _____
Cause of Breakage: _____	
Has the glass been repaired? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, include a copy of the invoice.
Have you paid the repairer? Yes <input type="checkbox"/> No <input type="checkbox"/>	Name of repairer: _____

C

Declaration

I/We declare that the foregoing information is true and correct to the best of my/our knowledge and belief.

Policyholders' Signature: _____ Date: _____

Please return the completed form along with a copy of the relevant repair invoice to:

Patrona Underwriting Limited
The Bushels
Cornmarket
Wexford

Or by email to: claims@patrona.ie