

# Windscreen Claim Form



## How to complete this claim form

**Please read this section and the important information overleaf, detach and keep it for your records.**

Before completing your claim form please take a moment to read through the information below.

This claim form should be used if you intend to claim for damage to your vehicle's windscreen or windows only. If any person responsible for the damage has been identified or if your claim is for damage caused by theft or attempted theft or includes any other loss or damage to the vehicle (including scratched bodywork), its accessories or to any personal effect you should complete a Vehicle Claim Form. Please contact the Claims Department Tel: **01872 277151**, Fax: **01872 263032** or email: **claims@cornishmutual.co.uk** who will be happy to help you.

It is important that you do not delay returning your claim form as failure to do so could adversely affect the claim process.

Please help us to deal with your claim efficiently either by quoting your Member reference number, Policy number or cover note number on all correspondence and or Cornish Mutual's Claim Reference when issued.

**Please read this section and the important information overleaf, detach and keep for your records.**

## How to return this claim form

When you have completed this claim form please attach any supporting information and send it to the

Claims Department,  
Cornish Mutual,  
CMA House,  
Newham Road,  
Newham,  
Truro, TR1 2SU.

As soon as we receive your claim form we will start processing your claim.



The Cornish Mutual Assurance Co Ltd  
Registered office: CMA House, Newham Road,  
Newham, Truro TR1 2SU. [www.cornishmutual.co.uk](http://www.cornishmutual.co.uk)

Tel 01872 277151  
Fax 01872 263032  
Email [claims@cornishmutual.co.uk](mailto:claims@cornishmutual.co.uk)

This claim form is liable to alteration from time to time (July 2008 – cancelling all previous issues).  
To help us improve our service, calls to our office may be recorded and monitored.

Authorised and regulated by the Financial Services Authority. Registered in England No 78768

# Cornish Mutual Windscreen Claim Form

For office use only

Ref no. \_\_\_\_\_

Please complete the following sections and return to Cornish Mutual  
The settlement of a valid claim will be made on the basis of your policy wording

## 1. Your details

Please fill in this section for **all claims**

**1.1** Your Member reference number or Policy number  
or your cover note number

\_\_\_\_\_

**1.2** Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Postcode \_\_\_\_\_

Home telephone \_\_\_\_\_

Business telephone \_\_\_\_\_

Email \_\_\_\_\_

**1.3** Did you reclaim input VAT when  
you purchased the vehicle?  Yes  No

**1.4** If the insurance is in the name of more than one  
person to whom should we make any claim payment?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## 2. About the vehicle

Please fill in this section for **all claims**

Please state:

**2.1** The make and exact model of the vehicle

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**2.2** Year of first registration

\_\_\_\_\_

**2.3** Engine capacity in c.c. or for goods vehicles  
maximum laden weight

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**2.4** Vehicle registration number

\_\_\_\_\_

**2.5** Name of registered keeper or owner

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### 3. About the claim

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Please fill in this section for **all claims**

Please state:

**3.1** Date of damage

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**3.2** Where the vehicle was when the damage occurred

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**3.3** Fully how the 'glass' damage occurred

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**3.4** Which 'glass' on the vehicle has been damaged?

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**3.5** Have you authorised or arranged for the repairs?  Yes  No

If 'Yes' please give the name of repairer

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### 4. Your declaration

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I/We declare that the statements made are true to the best of my/our knowledge and belief and that the accident did not involve

a) damage to my/our vehicle other than damage to the windscreen or windows, or

b) damage to any other vehicle or property, or

c) injury to any person.

I/We understand that you may seek information from other insurers to check the answers I/we have provided are correct.

Signature of Policyholder(s)

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Position held (if company or partnership)

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Date 

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**Please detach this form from the "how to complete this claim form" details and return it with any supporting paperwork to the Claims Department, Cornish Mutual, CMA House, Newham Road, Newham, Truro, TR1 2SU**

## Important information

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As a mutual organisation we are member-centred and seek to give a high level of service at all times.

We want to make sure that claims are treated fairly, investigated promptly and that our customers are provided with clear guidance on the claims process and where relevant why a claim is rejected or not settled in full.

We aim to respond to a received claim in five business days or less.

We will do everything possible to deal with your claim to your satisfaction but if any problems do occur please write to the Managing Director, Cornish Mutual, CMA House, Newham Road, Truro, TR1 2SU, Tel: **01872 277151** Fax: **01872 263032** or email: [claims@cornishmutual.co.uk](mailto:claims@cornishmutual.co.uk)

When corresponding with us by email please note that proof of sending an email does not mean we have received it. Please ensure we acknowledge receipt of your email and contact the Claims Department on Tel: **01872 277151** or Fax: **01872 263032** if an acknowledgement is not received.

To help us improve our service telephone calls to us may be recorded and monitored.

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Registered in England No. 78768

Cornish Mutual  
Registered Office: CMA House, Newham Road  
Newham, Truro TR1 2SU

Tel: **01872 277151**  
Claims fax: **01872 263032**

Please use this space for your own records

**Please detach this section and keep for your records**



**The Cornish Mutual Assurance Co Ltd**

Registered office: CMA House, Newham Road,

Newham, Truro TR1 2SU. [www.cornishmutual.co.uk](http://www.cornishmutual.co.uk)

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