

# FIRST NOTIFICATION WINDSCREEN CLAIM



Please return this form to the claims department:  
Email: firstnotifications@wrightway.ie

<b>COMPANY:</b> _____	<b>NAME:</b> _____
<b>COUNTY:</b> _____	<b>DATE:</b> _____
INSURED	
<b>XS DIRECT</b> <input type="checkbox"/>	<b>ZURICH</b> <input type="checkbox"/>
	<b>ST PAULS</b> <input type="checkbox"/>
<b>INSURED:</b> _____	
<b>POLICY No.:</b> _____	
<b>COVER:</b>	<b>FROM:</b> _____ <b>To:</b> _____
<b>VAT STATUS:</b>	<b>REGISTERED:</b> _____ <b>NOT REGISTERED:</b> _____
VEHICLE	
<b>REG No:</b> _____	<b>DATE OF BREAKAGE:</b> _____
<b>MAKE:</b> _____	<b>NO. OF CLAIMS TO DATE:</b> _____
<b>MODEL:</b> _____	
<b>COVER:</b> _____	<b>LIMIT:</b> _____
NOTES	
<b>HANDLER:</b> _____	<b>DATE :</b> _____