BCIC

GLASS CLAIM REPORT FORM

We are so sorry you had an accident. Tell us about it and we will get your life back on track. It is important that this form be properly completed, signed and dated to avoid any delays. Please ensure that your damaged glass is inspected by us, your broker or agent before it is replaced or submit a photograph clearly showing the damaged glass.

1. About you (Policyholder)

Full Name	Address	Occupation
Mobile #	Home #	Business #
Email	Contact preference Email □ Telephone □	Policy #
Were you the driver? Yes □ No □ *If yes, go to section 3. If no, please provide driver's details in section 2.*		

2. About your driver

Full Name	Mobile #	Driver's licence #

3. About your vehicle

Year	Make	Model	Registration Plate No.	Chassis #

4. Details about what happened

What date did it happen? (dd/mm/yyyy)

What time did it happen? _____a.m. / p.m.

Where did it happen?

Is there any other damage to the vehicle, aside from the damage to the glass?

Please describe what happened:

_____

_____

_____

_____

_____

_____

5. Declaration and Signature/s

I/We hereby declare that to the best of my/our knowledge and belief that the information I/we have provided is correct and request you to deal on my/our behalf with any claims which may arise out of the accident in accordance with the terms and conditions of the Policy.

I/We authorize you and your attorneys-at-law on my behalf to make such admissions and settlements and give such consents as you consider necessary for the disposal of such claims and any litigation arising therefrom.

_____ _____

DATE SIGNATURE OF POLICYHOLDER/S

FOR OFFICIAL USE ONLY

I hereby certify that I have inspected the glass and confirm that same is damaged/broken and there is no other damage to the vehicle.

Date of inspection	
Inspected by	
Signature	
Date	

THANK YOU & NEXT STEPS
Please tear off and keep this section for future reference

1. Thank you for completing this form. You will be contacted within the next 24 business hours regarding the status of your claim.
2. Please send this form to your nearest BCIC Branch, Broker or Agent or you may email to claimsedocs@bcicbarbados.com
3. We can handle all administration for you by appointing one of our glass repair providers to replace your glass. Alternatively, you may submit to us a Pro-Forma invoice from your glass repairer and we will issue a letter of authorization to them.
4. If you have any questions or need to update any information regarding your claim, please contact us at claimsedocs@bcicbarbados.com or (246) 621-7340 or you may reach out to your Broker or Agent.

We're here for you!
Our Motto: We focus on the *CUSTOMER*, not the claim