

CLAIM FORM – Windscreen / Window Damage

NOT TO BE USED FOR CASES INVOLVING PEDESTRIANS OR OTHER PROPERTY DAMAGE

1. Insured: _____ Id_No: _____ Pin No: _____
2. BOX NO: _____ Code: _____ Town: _____ Tel. No : _____ Mobile: _____
3. Email _____ Policy No _____
4. Motor Vehicle Registration No.: _____ Make and Model: _____
5. Body: _____
6. Replacement Cost: Kshs. (Please attach replacement receipt.)
7. Name of Garage: _____
8. Date of Incident: _____ Place: _____
9. Name of Driver of Vehicle: _____
10. Description of incident and damage: _____

11. Where can Vehicle be inspected?: _____
12. Has any damage been caused to the Vehicle other than the breakage of the Windscreen / Window? _____
If so, please provide details of other damage _____

I/We hereby certify that the above answers are true to the best of my/our knowledge and belief.

Date: _____ Signature and Rubber Stamp if corporate: _____

Important Notice

The cover afforded under the Windscreen extension endorsement has been exhausted by the claim but can be reinstated on payment of the appropriate premium. If you require the cover to be reinstated please write to us giving us your instructions.

MOMBASA BRANCH

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