

CLAIM FORM FOR WINDSCREEN / WINDOW DAMAGE

POLICY NO.

SECTION 1 - PERSONAL DETAILS

1. Full Name of Insured
2. Contact Details: (tel): (web):
ID NO: PIN NO:
(email):
(postal): (code): (town/ city):

SECTION 2

3. Motor Vehicle Reg. No. Make and Model:
4. Body
5. Replacement Cost: Kshs.
6. Name of Garage
7. Date of Incident Place
8. Name of Driver of Vehicle
9. Description of incident and damage:
10. Where can Vehicle be inspected ? Give details and address if necessary.
11. Has any damage been caused to the Vehicle other than the breakage of the Windscreen / Window ? Yes No
If so, please provide details of other damage

DECLARATION

I/We hereby declare that the whole of the statement made by me/us in this Form of Claim are in every respect true, and I/we agree that if I/we have made any false or untrue statement or statements, or if there be any suppression or concealment of any material fact, my/our right to recover under the Policy shall be absolutely forfeited.

Date : _____

Signature (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