



KENYAN ALLIANCE

CLAIM FORM – Windscreen / Window Damage

1. Policy No. _____

2. Insured _____

3. Address _____

4. Vehicle Registration No. _____ Estimated cost of Reinstatement Shs _____

5. Make & Type of Vehicle _____ Name of Garage _____

6. Name of driver of Vehicle _____

7. Date of accident / damage _____

8. Description of incident and damage _____

9. Has any damaged been

Caused to the vehicle

Other than the breakage

Of the Windscreen / Window?

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

Date _____

Signature _____

Important Notice

The cover afforded under the Windscreen extension endorsement has come to an end as a result of this claim.

The cover can be reinstated on payment of the appropriate premium. If you require the cover to be reinstated simply write to us giving us your instructions and enclosing your remittance.

I / We accept that incorrect information will invalidate the claim and may even lead to prosecution.