

WINDSCREEN CLAIM FORM

- 1 Insured:-----
- 2 Policy No.: -----
- 3 Period of Insurance:-----
- 4 Address:-----
- 5 Email :----- PIN no.:-----
- 6 Vehicle Reg No.: -----Make & Model :-----
- 7 Date on which the damage occurred:-----
- 8 Name of the Driver of Vehicle:-----
- 9 Driving Licence No: ----- Date of Issue: -----
- 10 Date of Renewal: ----- Valid up to: -----
(Kindly attach Copy of the Driving Licence)
- 11 Description of incident and damage:-----

- 12 Name of Repairer: ----- Replacement Cost: -----
(Kindly attach the original replacement receipt)
- 13 Is replacement windscreen same type as broken one?-----
- 14 Was any damage caused to the vehicle other than breakage of windscreen /
window? :-----
- 15 If are you are VAT Registered please indicate the registration. No. :-----

I do hereby warrant the truth of the answers and particulars given on this form, and that I have withheld no material information and I hereby claim for the damage as set out on this form hereto, amounting in all to Kshs. -----

Dated this-----day of -----20-----

Signature of Insured/Driver-----

IMPORTANT NOTE

On settlement of a claim, the windscreen’s cover lapses and can be reinstated on payment of an additional premium. At your option, the reinstatement of premium may be deducted from the claim amount.