

MOTOR CLAIM FORM – WINDSCREEN / WINDOW GLASS DAMAGE

All questions must be answered in full, in block letters, in the claimants own handwriting or to his dictation.

The issuing of this form is not to be taken as an admission of liability by the insurers.

Please attach a photograph of the car with the damaged windscreen.

BROKERS / AGENTS NAME: _____

POLICY NUMBER: _____

1. Name of the insured in full _____

2. Postal address _____ Postal code _____

Telephone:- Office _____ House _____ Mobile _____

E-mail: _____

3. Vehicle registration No. _____ Make _____ Type _____

Estimated cost of re-instatement (Kshs) _____

4. Name of the garage _____

5. When did the incident / damage occur (Day/Month/Year)

6. Name of the driver of the vehicle _____

7. Description of the incident and damage

8. Has any damage been caused to the vehicle other than the breakage of the windscreen/windows? Yes No

If yes, please specify _____

9. Would you like the windscreen cover reinstated? Yes No

If yes, give the value and if applicable, pay the premium of Kshs. _____

DECLARATION

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

Date _____ Signature of Insured _____