

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 ca	r with the damaged windscr	een.	
BROKERS / AGENTS NAME:			
POLICY NUMBER:			
Name of the insured in full			
2. Postal addressPostal code		ode	
Telephone:- Office	House	Mobile	
E-mail:			
Vehicle registration No	Make	Type	
Estimated cost of re-instatement (Kshs)		
Name of the garage			
When did the incident / damage occur	(Day/Month/Year)		
Name of the driver of the vehicle			_
Description of the incident and damage	e		
			_
			_
			_
Has any damage been caused to the ve	hicle other than the breakage of	of the windscreen/windows? Yes \(\square\) No \(\square\)	
If yes, please specify			_
Would you like the windscreen cover i	reinstated? Yes No		
If yes, give the value and if applicable	, pay the premium of Kshs		
DECLARATION			
I/We hereby certify that the above ans	wers are true to the best of my	our knowledge and belief.	
Date	Signature of In	nsured	
	BROKERS / AGENTS NAME: POLICY NUMBER: Name of the insured in full Postal address Telephone:- Office E-mail: Vehicle registration No Estimated cost of re-instatement (Kshs Name of the garage When did the incident / damage occur Name of the driver of the vehicle Description of the incident and damage Has any damage been caused to the velicy if yes, please specify Would you like the windscreen cover if yes, give the value and if applicable DECLARATION I/We hereby certify that the above ans	BROKERS / AGENTS NAME: POLICY NUMBER: Name of the insured in full Postal address Postal co Telephone:- Office House E-mail: Vehicle registration No. Make Estimated cost of re-instatement (Kshs) Name of the garage When did the incident / damage occur (Day/Month/Year) Name of the driver of the vehicle Description of the incident and damage Has any damage been caused to the vehicle other than the breakage of If yes, please specify 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/	Telephone:- Office

Metropolitan Cannon General Insurance Ltd

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