

Windscreen/ Window Glass Claim Form

IMPORTANT NOTICE

Please attach INVOICES AND RECEIPTS if you have already replaced the windscreen / window glass.

The cover afforded under the windscreen extension endorsement has ended 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 instructions and enclosing your remittance. Alternatively please confirm that we may settle your claim less the reinstatement premium, and effect cover immediately. Please attach photograph of damage.

Insured's Details

Name _____

Policy Number _____

Date of payment of last premium _____

Address _____ Tel. No. _____

Mobile _____ Fax _____ Email _____

V.A.T. Registration No. _____ TIN No. _____

Sum Insured on the Windscreen/Window Glass Extension Kshs. _____

Vehicle Registration No. _____

Make & Type of vehicle _____

Date of Incident _____

Name of driver of the vehicle _____

Is replacement windscreen/window glass same type as broken one? Yes No

Description of the Incident

Estimated cost of replacement (If not already replaced)

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

If so, state what damage

Do you wish that the claim be settled less the reinstatement premium and cover to be reinstated with immediate effect? Yes No

If yes, state value to be insured, Kshs

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

Signature of Insured

Name

Title

Date

Company Stamp