

CLAIM FORM FOR WINDSCREEN / WINDOW DAMAGE

POLICY NO.

SECTION 1 - PERSONAL DETAILS

1. Full Name of Insured
2. Contact Details: (tel): (fax):
(mobile): (web):
(email):
(postal): (code): (town/ city):

SECTION 2

3. Motor Vehicle Reg. No. Make and Model:
4. Body
5. Replacement Cost: Kshs.
6. Name of Garage
7. Date of Incident Place
8. Name of Driver of Vehicle
9. Description of incident and damage:
10. Where can Vehicle be inspected ? Give details and address if necessary.
11. Has any damage been caused to the Vehicle other than the breakage of the Windscreen / Window ? Yes No
If so, please provide details of other damage

DECLARATION

I/We hereby declare that the whole of the statement made by me/us in this Form of Claim are in every respect true, and I/we agree that if I/we have made any false or untrue statement or statements, or if there be any suppression or concealment of any material fact, my/our right to recover under the Policy shall be absolutely forfeited.

Date : _____

Signature (Rubber stamp if corporate): _____