



**INTRA AFRICA  
ASSURANCE  
COMPANY LIMITED**  
(INCORPORATED IN KENYA)

WILLIAMSON HOUSE  
4TH NGONG AVENUE  
P.O. BOX 43241-00100, NAIROBI, KENYA

CABLES: INTRA AFRICA NAIROBI.  
TELEPHONES: 2712610, 2712607 - 9  
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## WINDSCREEN CLAIM FORM

Claim No. \_\_\_\_\_

Policy No : \_\_\_\_\_

Expiry : \_\_\_\_\_

Value -wsg glass: \_\_\_\_\_

Name of Insured :

Address :

Vehicle Registration No :

Make :

Date of Incident :

Driver's name :

Description of incident : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has any damage been caused  
to the vehicle other than the  
breakage of windscreen/window.

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

Date:

\_\_\_\_\_  
Signature of Insured

(To be submitted with actual cost / replacement i.e. invoice or cash sale).