



**THE CO-OPERATIVE INSURANCE
COMPANY OF KENYA LIMITED**

CIC Plaza, Mara Road, P.O. Box 59485 Nairobi. Tel: 227008. 2823000 Fax: 2823333

E-mail: cic@cic.co.ke. Website: www.cic.co.ke

WINDSCREEN CLAIM FORM

INSURED

Name: Policy No.

Address: Telephone No.

Business or occupation:

Make	Cubic Capacity	Reg. No.	Year
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For what purpose was vehicle being used at time of occurrence?
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DRIVER

Name: Address:

License No. How long has driver held licence?

Was he/she driving with your authority?

PARTICULARS OF DAMAGE

Have you obtained estimate for repairs?

If so, please enclose.

Enclose the replacement receipt

DETAILS OF ACCIDENT

Date: Time: AM/PM

Location:

Please give full information as to how the accident occurred?
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.....

I/We hereby declare the foregoing particulars and statements to be true in every respect.

Signature: Date:

"We keep our word"