

## 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 car with the damaged windscreen.

**BROKERS / AGENTS NAME:** \_\_\_\_\_

**POLICY NUMBER:** \_\_\_\_\_

1. Name of the insured in full \_\_\_\_\_

2. Postal address \_\_\_\_\_ Postal code \_\_\_\_\_

Telephone:- Office \_\_\_\_\_ House \_\_\_\_\_ Mobile \_\_\_\_\_

E-mail: \_\_\_\_\_

3. Vehicle registration No. \_\_\_\_\_ Make \_\_\_\_\_ Type \_\_\_\_\_

Estimated cost of re-instatement (Kshs) \_\_\_\_\_

4. Name of the garage \_\_\_\_\_

5. When did the incident / damage occur (Day/Month/Year) \_\_\_\_\_

6. Name of the driver of the vehicle \_\_\_\_\_

7. Description of the incident and damage \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

If yes, please specify \_\_\_\_\_

9. 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/our knowledge and belief.

Date \_\_\_\_\_ Signature of Insured \_\_\_\_\_ Rubber stamp \_\_\_\_\_