



FIRST ASSURANCE COMPANY LTD

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MOTOR WINDSCREEN CLAIM FORM

A. INSURED

Name _____ Policy No. _____

Address _____ Postal Code _____

Town/City _____ Country _____

Telephone No. _____ Business or Occupation _____

B. PARTICULARS OF VEHICLE

Make _____ Registration Marks _____

For what purposes was the vehicle being used at the time of occurrence? _____

C. DRIVER

Name _____

Address _____ Postal Code _____

Town/City _____ Country _____

Telephone No. _____ License No. _____

How long has the driver held a license? _____

Was he or she driving with your authority? _____

D. PARTICULARS OF DAMAGE

Have you replaced the damaged windscreen/window glass? _____
(If so please enclose the replacement invoice.)

Amount claimed Kshs _____

E. DETAILS OF ACCIDENT

Date _____ Time _____ Location _____

Please give full details of how the accident occurred _____

I do hereby warrant the truth of the answers and particulars given on this form and that I have withheld no material information and I hereby claim for the damage as set out on this form hereto, amounting in all to: Kshs _____

Date _____ Signature of Insured: _____