



WINDSCREEN CLAIM FORM

1. Insured Name _____
2. Policy No _____
3. Address _____
4. Email Address _____
5. Vehicle Reg. No. _____
6. Make & Type _____
7. Date on which damage occurred _____
8. Name of Driver of Vehicle _____
9. Description of incident and damage _____
10. Is replacement windscreen same type as broken one? _____
11. Repairer's Name _____
12. Was any damage caused to the vehicle other than breakage of the windscreen/windows? _____

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

Dated this _____ day of _____ 20____

Signature of Insured _____