

**WINDSCREEN/WINDOWS GLASS CLAIM FORM**

**IMPORTANT NOTICE**

Please attach INVOICES AND RECEIPTS if you have already replaced the windscreen/window glass. PHOTOGRAPHS of damaged windscreen and after replacement should also be attached.

The cover afforded under the windscreen extension endorsement has ended as a result of this claim. The cover can be reinstated on payment of the appropriate premium. If you require the cover to be reinstated, simply write to us giving instruction and enclosing your remittance. Alternatively, please confirm that we may settle your claim less the reinstatement premium, and effect cover immediately.

1. Insured.....
2. Address.....
3. Telephone No.....
4. Fax No.....
5. Email Address.....
6. Policy No.....Period: From.....To.....
7. Sum Insured on the Windscreen/Window Glass Extension Kshs.....
8. Vehicle Registration No.....
9. Make and Type of Vehicle  
vehicle.....
10. Date of incident .....
11. Name of driver of the vehicle.....
12. Is replacement of wind screen/window glass same type as broken one?  YES  NO
13. Description of the accident.....  
.....  
.....

Estimated cost of replacement (if not already replaced).....

Has any damage been caused to the vehicle other than the breakage of the windscreen/window?  
 YES  NO

If Yes, state what damage.....  
 .....

Do you wish that the claim be settled less the reinstatement premium and cover to be reinstated with immediate effect?  Yes  No

If yes state value to be insured, KShs.....

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

*Signature of the Insured*.....

Name.....

Title.....Date .....