KENINDIA ASSURANCE COMPANY LIMITED
NAIROBI BRANCH FOUR
P. O. BOX 40512,
Nairobi, KENYA.

MOTOR WINDSCREEN CLAIM FORM

Claim Number: .....

(1) Name of Insured: .....

(2) Address: ..... Telephone No.: .....

(3) Policy No.: ..... Renewal Date: .....

(4) Registration No. of Vehicle: ..... Make: ..... Type: .....

(5) Name of Driver: .....

(6) Driving Licence No.: ..... Date of Issue: .....

Date of Renewal: ..... Valid up to: .....

(7) Date of Damage: .....

(8) Cause of Damage: .....

.....

(9) Name of Repairer: .....

(Must be a Dealer e.g. Hebatullah, Essajee Amijee etc.)

(10) Cost of Replacement: .....

(11) Has any damage been caused to the vehicle other than the breakage of windscreen? .....

.....

(12) Name of Broker: .....

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

Date: ..... Signature: .....

IMPORTANT NOTE:

The cover afforded under the Windscreen Extension Endorsement has come to an end 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 us your instructions and enclosing your cheque for the additional premium.

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