

GA INSURANCE LIMITED

GA Insurance House, Ralph Bunche Road

P O Box 42166 – 00100 Nairobi, Kenya.

Telephone: 2711633 Fax 2714542 E-mail: insurer@gakenya.com



WINDSCREEN CLAIM FORM

- 1. Insured: _____
- 2. Policy No: _____
- 3. Period of Insurance: _____
- 4. Address: _____
- 5. Email : _____ PIN no.: _____
 Vehicle Reg No: _____ Make & Model : _____
- 6. Date on which the damage occurred: _____
- 7. Name of the Driver of Vehicle: _____
- 8. Driver Licence No.: _____ Date of Issue: _____
- 9. Date of Renewal: _____ Valid up to: _____

(Kindly attach Copy of the Driving Licence)

11. Description of incident and damage:

12. Name of Repairer: _____ Replacement Cost: _____

(Kindly attach the original replacement receipt)

13. Is replacement windscreen same type as broken one? _____

14. Was any damage caused to the vehicle other than breakage of windscreen/window?

15. If are you are VAT registered, please indicate the registration No.: _____

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 this _____ day of _____ 20_____

Signature of Insured/Driver _____

IMPORTANT NOTE: On settlement of a claim, the **windscreen’s cover lapses** and can be **reinstated** on payment of an additional premium. At your option, the reinstatement of premium may be deducted from the claim amount.

Do you want to REINSTATE YOUR WINDSCREEN COVER? _____

