

CLAIM FORM FOR WINDSCREEN /WINDOW DAMAGE

IMPORTANT NOTICE

- 1. The cover afforded under the Windscreen extension endorsement has been exhausted by the claim but can be reinstated on payment of the appropriate premium. If you require the cover to be reinstated please write to us giving us your instructions.
- 2. Unless otherwise approved by insurer, the repairer must be a recognized windscreen dealer.
- 3. Kindly provide the photographs of windscreen /window glass before and after replacement.
- 4. Provide ETR receipt for the replacement cost.

Agency name: ICK Insurance Brokers Ltd. Claim No				
<u>1. CLIENT DETAILS</u>				
A. Full name of insured				
B. KRA Pin number			_ (please attach copy)	
C. Certificate of Reg./Incorporation /ID/Passport No			_ (please attach copy)	
D. Contact Details:				
Mobile:	Email:			
Postal:	_Code:	Town/City		
Web:	_ Fax:	Tel:		
2. VEHICLE				
Policy No/Renewal No		Expiry Date		
Reg. No	Make and Model			
3. VEHICLE USE				
State the exact purpose for which the	vehicle was being used at	the time of the accide	nt.	



Contraction of the second seco	INTRA AFRICA ASSURANCE COMPANY LIMITED HEAD OFFICE Williamson House, 3 rd floor, 4th Ngong Avenue, P. O. Box 43241-00100, Nairobi, Kenya <u>Tel:2712607/8/9/10</u> , Fax: 254-020-2712612, 2723288 Email: <u>info@intraafrica.co.ke www.intraafrica.co.ke</u> BRANCH OFFICE: LAXCON HOUSE, Parklands, Nairobi
<u>4. THE DF</u>	RIVER
Name:	
Tel:	Driving License NO
5. DESCRIF	PTION OF THE INCIDENT DATE OF LOSS:
When and wh	nere can Windscreen /Window glass be replaced?
Repairer's de	tails:
Tel. No	Address:
Contact Perso	on
	that the information and answers given above are true in every detail and no information has d or misrepresented.
Date	Signature
Your insurand reinstate you	e cover is for the replacement of a single windscreen to insure your new windscreen you must cover.
Please reinsta	ate my windscreen cover 🛛 Yes 🔍 No

