



KENINDIA ASSURANCE COMPANY LIMITED
NAIROBI BRANCH ONE
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.....
- (7) Date of Damage:Valid up to:
- (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: ...**ICK Insurance Brokers K Ltd**.....

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

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

IMPORTANT NOTICE: The cover afforded under the Windscreen Extension Endorsement has come to an end as a result claim. The cover be reinstated on payment of the appropriate premium. If you require the claim to be reinstated simply write to us giving us your instructions.