



OCCIDENTAL INSURANCE COMPANY LIMITED
Corner Plaza 2nd Floor, Parklands Road, Westlands,
P.O. Box 39459-00629, Nairobi, Kenya,
Tel: 020-3750022, 3750037, 3750038, 3750057,
Fax: (254-2) 3750193.

POLICY _____ CLAIM No _____

CLAIM FORM – WINDSCREEN/WINDOW DAMAGE

1. Policy No _____

2. Insured _____

3. Address _____

4. Vehicle Registration No _____ 5. Make of Vehicle _____

6. Name of Driver _____ 7. Date of incident _____

8. Description of Incident and Damage _____

9. Name of Garage _____

10. Cost of Replacement _____

11. Has any damage been caused to the vehicle other than the breakage of the Windscreen/Windows

I/We hereby certify that the above answer are true to the best of my/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 answer the following question.

Would you like to reinstate your windscreen cover? [] Yes [] No

