



# PLATE GLASS INSURANCE CLAIM FORM

## INTRAFRICA ASSURANCE COMPANY LIMITED

(Incorporated in Kenya)

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Agency name: \_\_\_\_\_

### 1. INSURED'S DETAILS

Full name of claimant \_\_\_\_\_

Pin number(please attach copy): \_\_\_\_\_

Certificate of Registration/Incorporation/ID/Passport(Please Attach copy) \_\_\_\_\_

Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

Postal: \_\_\_\_\_ Code: \_\_\_\_\_ Town/City: \_\_\_\_\_

Web: \_\_\_\_\_ Fax: \_\_\_\_\_ Tel: \_\_\_\_\_

Occupation: \_\_\_\_\_ Age: \_\_\_\_\_

Address where glass is situated: (Please state the precise position of the glass) \_\_\_\_\_

Size of the plate broken: \_\_\_\_\_

Cause of breakage: \_\_\_\_\_

Date of breakage: \_\_\_\_\_

Name and address of the person causing breakage: \_\_\_\_\_

Was he in any way employed by the insured: \_\_\_\_\_

### ROUGH SKETCH OF BREAKAGE

### DECLARATION

I/We hereby declare that the foregoing statements are made by myself/ourselves and are true in all respects and that I/We have not attempted to conceal from the Company anything with which is ought to be made acquainted.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_