





CLAIM FORM FOR WINDSCREEN / WINDOW DAMAGE

INTRA AFRICA ASSURANCE COMPANY LIMITED

(Incorporated in Kenya)

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IMPORTANT NOTICE

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

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: _____

2. VEHICLE DETAILS

Motor Vehicle Reg. No. _____ Make and Model: _____

Body _____ Replacement Cost: Kshs. _____

Name of Garage _____ Date of Incident _____

Name of Driver of Vehicle _____

Tel: _____ ID/Passport No: _____ Driving license No _____

Description of incident and damage: _____

Where can Vehicle be inspected ? Give details and address if necessary. _____

Has any damage been caused to the Vehicle other than the breakage of the Windscreen / Window ? If so, please provide details of other damage _____

DECLARATION

I/We hereby declare that the whole of the statement made by me/us in this Form of Claim are in every respect true, and I/we agree that if I/we have made any false or untrue statement or statements, or if there be any suppression or concealment of any material fact, my/our right to recover under the Policy shall be absolutely forfeited.

Signature: _____ Date: _____