



**WINDSCREEN CLAIM FORM**  
 INTERNATIONAL HOUSE, 8<sup>TH</sup> FLOOR  
 MAMA NGINA ST.  
 P. O. BOX 34172, 00100 - NAIROBI G.P.O.  
 TEL: 0728700093,0770366958  
 EMAIL:claims@cickenya.com

1. Insured:.....
2. Policy Number:.....
3. Address:.....  
 Telephone No: .....
4. Vehicle Reg No: .....
5. Make & type.....
6. Date on which damage occurred:.....
7. Name of Driver of vehicle:.....
8. Description of incident and damage:.....  
 .....  
 .....
9. Is replaced windscreen same type as broken one? .....
10. Was any damage caused to the vehicle other than breakage of the Windscreen Window?  
 .....

I do hereby warrant the truth the answers and particulars given in this form, and that have withheld no material information and I hereby claim for the damages as set out on this form hereto, amounting all to

Kshs.....  
 Dated this..... day of.....

Signature of Insured.....