



Claim Ref No:

# Resolution Insurance Motor Windscreen Claim Form

Broker / Agent

NOTE: ALL QUESTIONS MUST BE ANSWERED IN FULL & IN BLOCK LETTERS

Please attach the following documents: -

- Original ETR receipt for replacement of the windscreen
- Photo of the damaged windscreen before replacement and photo after replacement
- Copy of ID / Passport

## INSURED

Name  Title  Surname  First Name  Middle Name

Telephone No  Code  Number  Mobile Phone No.  Code  Number

Postal Address  Address  Postal Code  Town

Email Address  Occupation

## VEHICLE AND ACCIDENT DETAILS

Reg. No. of Vehicle  Policy No.

Date of the Accident         Time   a.m/p.m Place

State the EXACT PURPOSE for which the vehicle was being used at the time of the accident

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Give a description of the incident

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Type of road surface ..... Visibility ..... Wet or Dry .....

Estimated speed before accident ..... Weather Condition .....

Has any damage been caused to the vehicle other than the breakage of the windscreen / windows? Yes  No

If yes, state the damage

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Do you wish that the claim be settled less the reinstatement premium and cover to be reinstated? Yes  No

If Yes, give the value and applicable, pay the premium: Ksh .....

## DECLARATION

I/we DECLARE that these particulars are true and correct and undertake to forward immediately (and answered) any correspondence to his accident.

Date of Completion: ..... Name: .....

Signature of Insured (and stamp): .....

