



KENYAN ALLIANCE

The Kenyan Alliance Insurance Company Limited

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CLAIM FORM - Windscreen / Window Damage

1. Policy No. _____

2. Insured _____

3. Address _____

4. Vehicle Registration No. _____ Estimated cost of Reinstatement Shs _____

5. Make & Type of Vehicle: _____ Name of Garage _____

6. Name of driver of Vehicle _____

7. Date of accident / damage _____

8. Description of incident and damage: _____

9. Has any damage been
caused to the vehicle
other than the breakage
of the Windscreen / Window?

I/We hereby certify that the above answers are true and to the best of my / our knowledge and belief

Date _____

Signature _____

Important Note:

The cover afforded under the Windscreen extension endorsement has come to end as result of this claim.

The cover can be reinstated on payment of the appropriate premium. If you require cover to be reinstated simply write to us giving us your instructions and enclosing your remittance

I/We accept that incorrect information will invalidate this claim and may lead to prosecution.