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WINDSCREEN/ WINDOW DAMAGE CLAIM FORM		
Personal Details		
Agency: Broker: Direct:		
Intermediary: Policy:		
Client Name:		
Postal Address: Postal Code.		
Telephone No. Mobile Phone No.		
E-mail Address:		
Technical Details		
Vehicle registration: Estimated cost of reinstatement Kshs.		
Make and type of Vehicle:		
Name of garage:		
Name of driver of vehicle: Date of accident/damage: Date of accident/damage		
Description of incident and damage:		
Has any damage been caused to the vehicle other than the breakage of he windscreen? Yes No		
Declaration		
I/We hereby certify that the above answers are true to the best of my/our knowledge and belief.		
Name of proposer:		
Signature of proposer:		
Date: DDMMYYYY		
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 your instructions enclosing		
your remittance.		
/ I/WE accept that incorrect information will invalidate this claim may lead to prosecution.		

# Contact us:









#### NAIROBI HEAD OFFICE

Chester House Ground & 1st floor, Koinange Street.

P.O. Box 30170-00100 Nairobi T: 2227723, 2241626, 221650 M: 0722-205286, 0733-600462 Fax: 2217340, 2211158 E: kai@kenyanalliance.com

## **KISUMU OFFICE**

Reinsurance plaza, 2nd floor Oginga Odinga Street T: 057 -2022091/ 020-2389261 E: kaiksm@kenyanalliance.com

## KITUI OFFICE

Muli Mall,1st floor Room 33 Makuti Street T: 020 2023810

### **MOMBASA OFFICE**

Trade centre, Ground floor, Nkurumah Road. P.O.Box 86691 - 80100, Mombasa T:041-2222296 Fax: 041 - 2222297. M: 0722 208 873 E:kaimsa@kenyanalliance.com

## **MERU OFFICE**

Angaine plaza Ground floor, Off Tom Mboya Avenue T:020 - 2403869

### **MACHAKOS OFFICE**

Susu Centre, Ground Floor P.O. Box 911 - 90100, Machakos T:020-2178044/39 M:0728428004 Fax:044 - 2312073

### **NAKURU OFFICE**

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### THIKA OFFICE

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### **KARATINA OFFICE**

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