



The Monarch  
Insurance

A friend for life.

**CLAIM FORM – WINDSCREEN / WINDOW DAMAGE**

1. Policy Number \_\_\_\_\_

2. Insured \_\_\_\_\_

3. Address \_\_\_\_\_ Mobile no. \_\_\_\_\_

4. Sum Insured on Windscreen / Window Glass Extn.Kshs. \_\_\_\_\_

5. Vehicle Reg. No. \_\_\_\_\_ Name of Garage \_\_\_\_\_

6. Estimated cost of Reinstatement of Windscreen Kshs. \_\_\_\_\_

7. Make & Type of Vehicle \_\_\_\_\_

8. Date of incident \_\_\_\_\_ Place \_\_\_\_\_

9. Name of driver of the Vehicle \_\_\_\_\_

10. Description of incident and damage: \_\_\_\_\_

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

12. Should we deduct the reinstatement premium from the claim? (Yes) / (No)

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

Date \_\_\_\_\_ Signature \_\_\_\_\_

**Important Note**

**PLEASE ATTACH PHOTOGRAPHS SHOWING THE DAMAGED WINDSCREEN AND REPLACED WINDSCREEN AND RECEIPTS FOR THE REPLACED WINDSCREEN / WINDOW GLASS.**