

WINDSCREEN CLAIM FORM

Paybill: 600112

Agency / Broker: _____

CUSTOMER INFORMATION:

Name: _____ Surname _____ | _____ Other names _____

Postal Address: _____ Code: _____ Town: _____

Occupation: _____ Age: _____

Email: _____ Mobile: _____

VEHICLE DETAILS:

Reg. No: _____ Year: _____ Make: _____ Model: _____

For what purpose was the vehicle being used at time of occurrence?

CIRCUMSTANCES:

1. Where did the damage occur?

2. On what date and time did the damage occur? Date: _____ Time: _____

3. Who was in charge of the vehicle at the time of the loss?
If not the Insured, did the person have your authority? Yes No

4. Detail the circumstances under which the damage occurred:

5. Were there any persons injured? Yes No
If yes, give details and attach police abstract:

PARTICULARS OF DAMAGE:

Have you replaced the windscreen? Yes No
If yes, please enclose the replacement receipt and photos of the vehicles with the broken windscreen.

I/We hereby declare that the whole of the statements made by me/us in claim form are in every respect true, and I/We agree that if I/We have made any false or untrue statement(s), or if there be any suppression or concealment of any material fact, my/our right to recover under the policy shall be absolutely forfeited.

Date: _____ Signature: _____

CIC GENERAL INSURANCE LTD.

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