

**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.**

📍 CIC PLAZA MARA ROAD, UPPERHILL 📠 P.O. BOX 59485-00200 NAIROBI, KENYA

☎ +254 020 282 3000, 0703 099 120 📧 callc@cic.co.ke 🌐 www.cic.co.ke

📘 CICInsurance 📺 CICInsurance 🍷 CICInsurance

KENYA • SOUTH SUDAN • UGANDA • MALAWI

GENERAL • LIFE • HEALTH • ASSET