



# INTRA AFRICA ASSURANCE COMPANY LIMITED

(Incorporated in Kenya)

## HEAD OFFICE

Williamson House, 3<sup>rd</sup> floor, 4<sup>th</sup> Ngong Avenue, P.O. Box 43241-00100, Nairobi, Kenya.  
Tel:2712607/8/9/10, Fax:254-020-2712612,2723288 Email:[info@intraafrica.co.ke](mailto:info@intraafrica.co.ke)

[www.intraafrica.co.ke](http://www.intraafrica.co.ke)

## BRANCH OFFICE

Centre Point House, 2<sup>nd</sup> floor Parklands Road, P.O. Box 49884-00100, Nairobi, Kenya.  
Tel: 020 3743991/955, Fax 020 3743460 E-mail: [centrepoint@intraafrica.co.ke](mailto:centrepoint@intraafrica.co.ke)

### CLAIM FORM FOR WINDSCREEN / WINDOW DAMAGE.

#### IMPORTANT NOTICE

- 1.The cover afforded under the Windscreen extension endorsement has been exhausted by the claim but can be reinstated on payment of the appropriate premium. If you require the cover to be reinstated please write to us giving us your instructions.
2. Unless otherwise approved by insurer, the repairer must be a recognized windscreen dealer
3. Kindly provide the photographs of windscreen /window glass before and after replacement.
4. Provide ETR receipt for the replacement cost.

Agency name: \_\_\_\_\_ Claim No. \_\_\_\_\_

#### 1.CLIENT DETAILS

A. Full name of insured \_\_\_\_\_

B. KRA Pin number \_\_\_\_\_ *(please attach copy)*

C. Certificate of Reg./Incorporation/ID/Passport No \_\_\_\_\_ *(please attach copy)*

#### D. Contact Details:

Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

Postal: \_\_\_\_\_ Code: \_\_\_\_\_ Town/City: \_\_\_\_\_

Web: \_\_\_\_\_ Fax: \_\_\_\_\_ Tel: \_\_\_\_\_

#### 2.VEHICLE

Policy No/ Renewal No. \_\_\_\_\_ Expiry Date \_\_\_\_\_

Reg. No \_\_\_\_\_ Make and model: \_\_\_\_\_

#### 3.VEHICLE USE

State the exact purpose for which the vehicle was being used at the time of the accident.

#### 4.THE DRIVER

Name: \_\_\_\_\_

Tel: \_\_\_\_\_ ID/Passport No \_\_\_\_\_ Driving license No \_\_\_\_\_

#### 5. DESCRIPTION OF THE INCIDENT

When and where can windscreen/window glass be replaced?

Repairer's details: \_\_\_\_\_

Tel. No: \_\_\_\_\_ Address: \_\_\_\_\_

Contact Person \_\_\_\_\_

**I/We declare that the information and answers given above are true in every detail and no information has been withheld or misrepresented.**

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