



FIRST ASSURANCE COMPANY LTD

- **HEAD OFFICE** - First Assurance House, Clyde Gardens, Gitanga Road, Lavington, P O Box 30064-00100, Nairobi, Kenya
Tel: 254-020-567374/577737 Cell: 0722-444117/0733-605480 Fax: 567433/572204 Email: hoinfo@firstassurance.co.ke, www.firstassurance.co.ke
- **MOMBASA BRANCH** - First Assurance House, Nyali Road, Off Mombasa-Malindi Road, P O Box 43559, Mombasa, Kenya
Tel: 254-041-476494/476495, Fax: 254-041-476495 Email: msainfo@firstassurance.co.ke

MOTOR WINDSCREEN CLAIM FORM

A. INSURED

Name _____ Policy No. _____

Address _____ Postal Code _____

Town/City _____ Country _____

Telephone No. _____ Business or Occupation _____

B. PARTICULARS OF VEHICLE

Make _____ Registration Marks _____

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

C. DRIVER

Name _____

Address _____ Postal Code _____

Town/City _____ Country _____

Telephone No. _____ License No. _____

How long has the driver held a license? _____

Was he or she driving with your authority? _____

D. PARTICULARS OF DAMAGE

Have you replaced the damaged windscreen/window glass? _____
(If so please enclose the replacement invoice.)

Amount claimed Kshs _____

E. DETAILS OF ACCIDENT

Date _____ Time _____ Location _____

Please give full details of how the accident occurred _____

I do hereby warrant the truth of the answers and particulars given on this form and that I have withheld no material information and I hereby claim for the damage as set out on this form hereto, amounting in all to: Kshs _____

Date _____ Signature of Insured: _____



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