GEMINIA INSURANCE COMPANY LIMITED
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GEMINIA INSURANCE CO.LTD.

PLATE GLASS CLAIM FORM

INSTRUCTIONS:

- Please read carefully and fill out the entire form.
- All questions must be answered in full, in BLOCK letters, in the applicants own handwriting or to his dictation.

1. The Insured:

Name_____ Address_____

Tel: No._____ Policy No _____

Premium paid on_____

2. The Circumstances:

Address where breakage occurred_____ Date of breakage_____

Describe how it happened_____

_____

_____

Who caused the breakage

Address_____

Occupation_____

Please draw a diagram to describe the extent of damage to the glass concerned, at the back of this page.

Dimensions_____ x_____ x_____

Type
- ☐ plate?
- ☐ sheet?
- ☐ ornamented?

Location
- ☐ window?
- ☐ door?
- ☐ showcase?

Cost of
- Glass - Ksh_____ Please attach repair estimates or invoices.
- Replacement - Ksh_____ Please attach repair estimates or invoices.

Less Salvage, if any_____

Net Claim_____

It is hereby declared that these particulars are true and correct.

Name of Person Signing_____ Signature_____

Position_____ Date_____