

GEMINIA INSURANCE COMPANY LIMITED

6TH FLOOR GEMINIA INSURANCE PLAZA KILIMANJARO AVENUE
P.O. BOX 61316 CITY SQUARE NAIROBI 00200 KENYA
TELEPHONE: 2782000 FAX: 2782100 Email: info@geminia.co.ke

PLATE GLASS CLAIM FORM

The Insured:

1. Name
2. Address Tel: No.
3. Policy No. Premium paid on

The Circumstances:

4. Address where breakage occurred
5. Date of breakage
6. Describe how it happened
.....
.....
7. Who caused the breakage Name
Address
Occupation

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

Description of the Glass:

9. Dimensions x x
10. Type — plate?
— sheet?
— ornamented?
—
- 11 Location — window?
— door?
— showcase?
—

Amount Claims:

- | | | | |
|------------|----------------------|------|--|
| 12 Cost of | — Glass | shs. |) Please attach repair estimates or invoices |
| Cost of | — Replacement | shs. | |
| | | shs. | |
| | Less salvage, if any | shs. | |
| | Net Claim | shs. | |

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

Date Signature

Name of Person Signing

Position