

GEMINIA INSURANCE COMPANY LIMITED

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WINDSCREEN 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.

Insured _____

Policy Number _____

Address _____

Registration Number _____

Make & Type _____

Date on which damaged occurred _____

Name of driver of vehicle _____

Description of incident and damage _____

Is replacement windscreen same type as broken one? _____

Repairer's Name _____

Was any damaged caused to the vehicle other than breakage of the window/windscreen? _____

Declaration:

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

Ksh _____

Name _____ Signature _____ Date _____