



INTRA AFRICA ASSURANCE COMPANY LIMITED

(Incorporated in Kenya)

HEAD OFFICE

Williamson House, 3rd floor, 4th Ngong Avenue, P.O. Box 43241-00100, Nairobi, Kenya.

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BRANCH OFFICE

Centre Point House, 2nd floor Parklands Road, P.O. Box 49884-00100, Nairobi, Kenya.

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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 _____ DATE OF LOSS: _____

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: _____