



## 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](mailto:hoinfo@firstassurance.co.ke), [www.firstassurance.co.ke](http://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](mailto:msainfo@firstassurance.co.ke)

### GLASS BREAKAGE CLAIM FORM

Policy No. \_\_\_\_\_

1. Policyholders full names \_\_\_\_\_
2. Situation of the premises \_\_\_\_\_
3. Position of the broken Glass in the building \_\_\_\_\_
4. Size of the broken Glass \_\_\_\_\_
5. Is there any Salvage, if so state its size \_\_\_\_\_
6. Number of Item in policy \_\_\_\_\_
7. Description and Quality of Glass \_\_\_\_\_
8. Date when Broken \_\_\_\_\_
9. Cause of Breakage (Please state fully) \_\_\_\_\_

10. If caused by any person who is not one of your employees please state name and address of the person or his employer \_\_\_\_\_

11. Extent of Breakage (cracked or broken) \_\_\_\_\_

Signature of Insured \_\_\_\_\_

Address \_\_\_\_\_

Postal code \_\_\_\_\_

Town/City \_\_\_\_\_

Date \_\_\_\_\_