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MOTOR WINDSCREEN CLAIM FORM

A. INSURED		
Name		Policy No
Address		Postal Code
Town/City		Country
Telephone No		Business or Occupation
B. PARTICULARS OF VEHICLE		
Make		Registration Marks
For what purposes was the ve	hicle being used at the ti	ime of occurrence?
C. DRIVER		
Name		
Address		Postal Code
Town/City		Country
Telephone No		License No.
How long has the driver held of	a license?	
Was he or she driving with you	ır authority?	
D. PARTICULARS OF DAMAGE		
Have you replaced the dama (If so please enclose the replacement)		v glass?
Amount claimed Kshs		
E. DETAILS OF ACCIDENT		
Date	Time	Location
Please give full details of how	the accident occurred _	
I do hereby warrant the truth o	of the answers and partic	culars given on this form and that I have withheld no material information
and I hereby claim for the dar	mage as set out on this fo	orm hereto, amounting in all to: Kshs
Date		_ Signature of Insured:

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