



CIC GENERAL INSURANCE
We keep our word

Windscreen Claim Form

CIC GENERAL INSURANCE LIMITED

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M-Pesa Business No. 600112

AGENCY/ BROKER

CUSTOMER INFORMATION:

NAME:
SURNAME OTHER NAMES

POSTAL ADDRESS: CODE: TOWN:

OCCUPATION: AGE:

EMAIL: MOBILE:

VEHICLE DETAILS:

Reg. No.: Year: Make: Model:

For what purpose was the vehicle being used at time of occurrence?

CIRCUMSTANCES:

1. Where did the damage occur?

2. On what date and time did the damage occur? Date: Time:

3. Who was in charge of the vehicle at the time of the loss?

If not the Insured, did the person have your authority?

4. Detail the circumstances under which the damage occurred:

5. Were there any persons injured?

If yes, give details and attach police abstract:

PARTICULARS OF DAMAGE:

Have you replaced the windscreen?

If yes, please enclose the replacement receipt and photos of the vehicle with the broken windscreen.

I/We hereby declare that the whole of the statements made by me/us in claim form are in every respect true, and I/We agree that if I/We have made any false or untrue statement(s), or if there be any suppression or concealment of any material fact, my/our right to recover under the policy shall be absolutely forfeited.

Date:

Signature: