



CLAIM FORM- Windscreen/Window Damage

1. Policy No.
2. Insured
3. Address
.....
4. Vehicle Registration No. Estimates cost for Reinstatement Tshs.
5. Make & Type of Vehicle Name of Garage
6. Date of Incident
7. Name of driver of vehicle
8. Description of incident and damage
.....
.....
.....
.....
9. Has damage been caused
to the vehicle other than the
breakage of the Windscreen/Window?

I/We hereby certify that the above answers are true to the best of my/our knowledge and belief

Date: Signature:

Important Note;

The cover afforded under the Windscreen extension endorsement has come to an end as a result of this claim. The cover can be reinstated on payment of the appropriate premium. If you require the cover to be reinstated simply write to us giving us your instructions and enclosing your remittance.