

**Windscreen Insurance  
Claim Form**

Sanlam General Insurance Limited  
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**> Personal Details**

Policy No.:   
Client Name:   
Postal Address:  Postal Code:   
City/Town   
Telephone No.  Mobile No.   
E-mail Address:   
PIN No.:

**> Technical Details**

1. Vehicle registration No.:
2. Sum Insured on Windscreen / Window glass KShs.:
3. Estimated cost of replacement KShs.:
4. Make and type of vehicle:
5. Date of Incidence:  Place:
6. Description of incident and damage:
7. Has any damage been caused to the vehicle other than the breakage of the Windscreen / Window?
8. Should we deduct the reinstatement premium (if applicable) from the claim?

**Important Notice:**

Please attach receipts (ETR) and Photographs if you have already replaced the windscreen/window glass.

**> Declaration**

I/We declare that these particulars are true and correct and undertake to forward immediately (and unanswered) any correspondence relating to this accident/incident.

Name of Insured:

Signature of Insured:  Date: