



**The Monarch
Insurance**

A friend for life.

CLAIM FORM – WINDSCREEN / WINDOW DAMAGE / RADIO CASSETTE

1. Policy Number: _____

2. Insured: _____

3. Address: _____

4. Sum Insured on Windscreen / Window Glass / Radio Cassette Extn.Kshs.: _____

5. Vehicle Reg. No.: _____ Name of Garage: _____

6. Estimated cost of Reinstatement of Windscreen/ Radio Cassette Kshs.: _____

7. Make & Type of Vehicle: _____

8. Date of incident: _____ Place: _____

9. Name of driver of the Vehicle: _____

10. Description of incident and damage: _____

11. Has any damage been caused to the vehicle other than the breakage of the Windscreen / Window Glass?

12. Should we deduct the reinstatement premium from the claim? (Yes) / (No)

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

Date: _____

Signature: _____

Important Note

Please attach a photograph showing the damaged windscreen and receipts for the replaced Windscreen / Window Glass.