

## 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 W Window Glass?	indscreen /
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	d belief.
Date: Signature:	
<u>Important Note</u> Please attach a photograph showing the damaged windscreen and receipts for the replaced V	Windscreen /

**The Monarch Insurance Company Limited,** Chester House, 1<sup>st</sup> Floor, Koinange Street, P.O Box 44003-00100, GPO, Nairobi, Kenya. **Tel:** +254 (20) 4292000 / 020 2338132 / 020 2338134/5, **Office cell:** +254 705 426 931 / 786 426 931, **Fax:** 4292100, **Email:** info@monarchinsurance.co.ke, **Website:** www.monarchinsurance.co.ke

Window Glass.