



Africa Merchant Assurance Co. Ltd.
Transnational Plaza, 2nd Floor, Mama Ngina Street.

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CLAIM FORM – Windscreen/Window Glass Damage

1. Policy No. _____
2. Name of Insured _____
3. Address _____
4. a) Vehicle Registration No. _____ b) Make of Vehicle _____
c) Cost of Reinstatement Kshs _____

(Please attach original replacement receipt)

5. Name and address of Garage _____
6. Date of incident _____
7. Name of driver of vehicle _____
8. Description of incident and damage _____

9. Has any damage been caused to the vehicle other than the breakage of the Windscreen/Window Glass? Yes/No

If yes, state the parts(s) damaged _____

I/We solemnly declare that the above particulars are true in every respect.

Insured's Signature: _____ Date: _____

Important Note:

- 1) The cover afforded under the Windscreen extension endorsement has come to an end as a result of this claim.
- 2) The cover can be reinstated on payment of the appropriate premium as you require the cover to be reinstated please contact underwriting or our nearest branch office.