



**THE COOPERATIVE INSURANCE
COMPANY OF KENYA LIMITED**

6th Floor Bima House Harambee Avenue P.O. Box 59485 Nairobi
Phone: 227008/226709 Telefax: 330096/311854 E-mail: cic@co-op-ins.co.ke

WINDSCREEN CLAIM FORM

INSURED

Name: Policy No.
Address: Telephone No.
Business or occupation:

Make	Cubic Capacity	Reg. No.	Year
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For what purpose was vehicle being used at time of occurrence?
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DRIVER

Name: Address:
Licence No. How long has driver held licence?
Was he/she driving with your authority?

PARTICULARS OF DAMAGE

Have you obtained estimate for repairs?
If so, please enclose.
Enclose the replacement receipt.

DETAILS OF ACCIDENT

Date: Time: AM/PM
Location:
Please give full information as to how the accident occurred?

I/We hereby declare the foregoing particulars and statements to be true in every respect.
Signature: Date:

"We keep our word"