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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: _____