



Regulated by the Insurance Regulatory Authority

Resolution Insurance Company Limited
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Motor Windscreen Claim Form

Claim Ref. No.

Broker / Agent

Important Notes

Please attach the following documents:

- 1. Original ETR receipt for replacement of the windscreen
2. Photo of the damaged windscreen before replacement and photo after replacement
3. Copy of ID / Passport

(Note: Please complete all sections in BLOCK LETTERS and BLACK ink)

Policy No.

Policy Period: From DDMMYYYY To DDMMYYYY

INSURED'S NAME

Name fields: Title, Surname, First Name, Middle Name

Telephone No. fields: Code, Number; Mobile Phone No. fields: Code, Number

Postal Address fields: Address, Postal Code, Town

Email Address, Occupation

VEHICLE AND ACCIDENT DETAILS

Reg. No. of Vehicle, Policy No.

Date of the Accident DDMMYYYY, Time, a.m/p.m, Place

State the EXACT PURPOSE for which the vehicle was being used at the time of the accident

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Give a description of the incident

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Type of road surface Visibility Wet or Dry

Estimated speed before accident Weather Condition

Has any damage been caused to the vehicle other than the breakage of the windscreen / windows? Yes [] No []

If yes, state the damage

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Do you wish that the claim be settled less the reinstatement premium and cover to be reinstated?

Yes

No

If Yes, give the reinstatement value: Ksh

DECLARATION

I/we DECLARE that these particulars are true and correct and undertake to forward immediately (and answer) any correspondence to this accident.

Date of Completion: Name:

Signature of Insured (and stamp):