

GEMINIA INSURANCE COMPANY LIMITED

6TH FLOOR GEMINIA INSURANCE PLAZA KILIMANJARO AVENUE

P.O. BOX 61316 CITY SQUARE NAIROBI 00200 KENYA

TELEPHONE: 2782000 FAX: 2782100 Email: info@gemina.co.ke

1. Insured
2. Policy No.
3. Address
4. Reg. No.
5. Make & Type
6. Date on which damage occurred
7. Name of Driver of Vehicle
8. Description of incident and damage
-
9. Is replacement windscreen same type as broken one?.....
10. Repairer's Name
11. Was any damage caused to the vehicle other than breakage of the windscreen/windows?.....

I do hereby warrant the truth of the answers and particulars given on this form, and that I have withheld no material information and hereby claim for the damage as set out on this Form hereto, amounting in all to Shs.....

Dated this day of200.....