



ACROPOLIS INSURANCE BROKERS LTD.

2nd Floor, Shamneel Court, Parklands Road, Nairobi, Kenya.

P.O. Box 1157, Sarit Centre Post Office, Nairobi 00606, Kenya.

Telephones (020) - 4444746 / 7 / 8. Fax (020) - 4444745. Email info@acropolisinsurance.com

WINDSCREEN DAMAGE CLAIM FORM.

1. All questions must be answered in full, in BLOCK letters, in your own handwriting or to your dictation.
2. The issuing of this form is not to be taken as an admission of liability by the insurers.

Name of Owner

Address, Telephone Number
and E-mail Address.

Insurer and Policy No.

Vehicle Registration No.

Vehicle Make / Model

Damaged Occurrence Date

Name of the Driver

Name of the Garage

Description of the Incident and the Damage Occurred

Is the replacement windscreen same type as the broken one? Yes No

Was any damage caused to the vehicle other than breakage of the windscreen / windows? Yes No

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

Hereto amounting in all to KES. _____

Date

Signature of the Insured

OFFICIAL USE ONLY.