

Head Office:

Plot 1 Bombo Road | P.O. Box 9393, Kampala, Uganda
+256 414 345996 | +256 752 262 119 | +256 767 695 190
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WINDSCREEN / GLASS BREAKAGE CLAIM FORM

Insured, vehicle and breakage details

IMPORTANT NOTICE

The issue of this form is not to be taken as an admission of liability.

INSURED AND VEHICLE DETAILS

Name of Insured

Policy No.

Address

Registration No.

Make of Vehicle

Year of Manufacture

Name and Address of Driver

Driving Permit No.

Date of Expiry

BREAKAGE DETAILS

Date of Breakage

Time

Place (street, town, road)

Cause of Breakage

Estimated Cost of Repair

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WINDSCREEN / GLASS BREAKAGE CLAIM FORM

Replacement, prior claims and declaration

REPLACEMENT / PREMIUM DETAILS

Whether replacement already done

☐ Yes

☐ No

If so, please attach bill of expense. N.B. Replacement has to be done with our consent except under extremely unavoidable circumstances.

State whether premium is paid in full and quote receipt(s)

PREVIOUS CLAIMS / REINSTATEMENT

Whether you have lodged any claim before under this or any other motor policy

☐ Yes

☐ No

If so give details

Do you wish to reinstate the windscreen cover

☐ Yes

☐ No

DECLARATION

I/We, the above named, do hereby, to the best of my/our knowledge and belief, warrant the truth of the foregoing statement in every respect.