

# 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@geminia.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 of .....200.....

Signature of Insured .....