APA INSURANCE

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WIND SCREEN DAMAGE CLAIM FORM

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. Was any damage caused to the vehicle other than breakage of the windscreen/windows? _____
11. 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 Kshs. _____

Date this _____ Day of _____ 20 _____

Form WSC (1)

Signature of Insured _____