



GA INSURANCE LIMITED

GA Insurance House, Ralph Bunche Road,
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WINDSCREEN CLAIM FORM

- 1 Insured-----
- 2 Policy No.-----
- 3 Period of Insurance-----
- 4 Address-----
- 5 Reg No.-----
- 6 Make & Type-----
- 7 Date on which damage occurred-----
- 8 Name of Driver or Vehicle-----
- 9 Description of incident and damage-----

- 10 In replacement windscreen same type as broken one?
- 11 Was any damage caused to the vehicle other than breakage of
windscreen/window?

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 KSHS. -----

ARE YOU VAT REGISTERED?
IF YES, Reg. No.

Signature of Insured/Driver.....

Dated this-----day of -----20-----