



LION OF KENYA INSURANCE CO. LIMITED

CLAIM NO.

PO BOX 30190, NAIROBI

PG

TELEPHONE: 2710400

PLATE GLASS CLAIM FORM

The Insured

1. Name

2. Address Tel No.....

3. Policy no Premium Paid on

The Circumstances

4. Address where the breakage occurred.....

5. Date of breakage

6. Describe how it happened

.....

.....

.....

.....

7. Who caused the breakage:-

Name :

Address :

Occupation :

8. Please draw a diagram to describe the extend of damage to the glass concerned.

Description
On the Glass

9. Dimensions:x x

10. Type

- Plate?
- Sheet?
- Ornamented?

11. Location

- Window?
- Door?
- Showcase?

Amount Claimed: 12. Cost of - Glass Shs.) Please attach repair
Cost of - Replacement Shs) Estimate or Invoices

Less Salvage, if any Shs
Shs

Net Claim Shs

It is hereby declared that these particulars are true and correct.

Date Signature/ Stamp:

Name of Person Signing:

Position: