

**WINDSCREEN/WINDOW DAMAGE  
CLAIM FORM**



1. Policy Number CBD/P/503/013012/18 GROUP (K) CORPORATION LTD
2. Name of Insured CHINA AEROSPACE CONSTRUCTION Address 26303-00100 NBI
3. Vehicle Registration No. KCR 049K Estimated cost of Reinstatement Shs. 26,680/-
4. Make & Type of Vehicle TOYOTA D/CAB Name of Garage AUTO CRANK
5. Date of Incident 09/07/2021
6. Name of driver of Vehicle Fddy
7. Description of incident and damage: Loose chippings on the road hit the windscreen thus causing crack
9. Has any damage been caused to the vehicle other than the breakage of the Windscreen/Window? No

I/We hereby certify that the above answers are true to the best of my/our knowledge and belief

Date: 16/07/2021

Signature [Signature]

**IMPORTANT NOTE:**

The cover afforded under the Windscreen extension endorsement has come to an end as a result of this claim.

The cover can be reinstated on payment of the appropriate premium. If you require the cover to be reinstated

simply write to us giving us your instructions and enclosing your remittance.