

WINDSCREEN/WINDOW DAMAGE CLAIM FORM



1. Policy Number CBD/P/503/143429/20 COMP
2. Name of Insured SINOHYDRO CORPORATION LTD Address 2446-00200 NBI
3. Vehicle Registration No. KBR 854B Estimated cost of Reinstatement Shs. 38,000
4. Make & Type of Vehicle TOYOTA LANDCRUISER Name of Garage LPD
5. Date of Incident 23/07/21
6. Name of driver of Vehicle Evans
7. Description of incident and damage: Loose chippings hit the screen
from the site
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: 29/07/21

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.