

The Jubilee Insurance Company of Kenya Limited

Head Office:

Jubilee Insurance House, Wabera Street,
P.O. Box 30376 - 00100 GPO, Nairobi, Kenya
Tel: +254 20 328 1000
Fax: +254 20 325 1150
Email: jic@jubileekenya.com
www.jubileeinsurance.com

Mombasa Office:

Jubilee Insurance Building, Moi Avenue,
P.O. Box 90220 - 80100, Mombasa, Kenya
Tel: 22 4286/231 4019/231 6760
Fax: 231 6796
Email: mombasa@jubileekenya.com
www.jubileeinsurance.com

Kisumu Office:

Jubilee Insurance House, Oginga Odinga Road,
P.O. Box 378 - 40100, Kisumu, Kenya
Tel: 202 0836/202 08465
Fax: 202 0532
Email: kisumu@jubileekenya.com
www.jubileeinsurance.com

DIRECTIONS:

- All questions must be answered in full, in BLOCK letters, in the Claimant's own handwriting or to his direction.
- The issuing of this form is not to be taken as an admission of liability by the insurers
- Please attach photocopy of ID / Passport / Birth Certificate

CLAIM NO. **BROKER'S/ AGENT'S REF. NO.**

POLICY NO.

Name of Claimant in full

Postal address Postal code

Telephone - office House Mobile

Email

Vehicle registration no. Estimated cost of reinstatement (Kshs)

Make and type of vehicle

Name of garage

When did the accident occur? (D/M/Y)

Name of driver of vehicle

Description of incident and damage.

Has any damage been caused to the vehicle other than the breakage of the windscreen/windows? Yes No

If so, specify _____

Would you like the windscreen cover reinstated? Yes No

If yes, give the value and if applicable pay the premium Kshs. _____

DECLARATION

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

Date _____ Signature of insured _____