PACIS
INSURANCE COMPANY LTD
For Comfort & Peace in Life

HEAD OFFICE: Pacis Centre, 4th Floor Along Waiyaki Way
P.O. Box 1870 - 00200, Nairobi,
Tel: +254 20 4247000 / 4912000
Cell: +254 730 677000 / 0720 113 122 info@paciskenya.com pacisinsurance.com

MOTOR WINDSCREEN CLAIM FORM

Insurer's Claim No. Broker Ref. No.

IMPORTANT NOTICE

Inaccurate responses will lead to delayed processing of your claim.

Please attach the following documents:

1. Original receipt for replacement of the windscreen.
2 Photo of the damaged windscreen before replacement and photo after replacement

---

1. INSURED

Name

Mobile No. (Main) Mobile No. (Alternative)

Residential Address

Area

Street/Road LR/Plot No.

P.O. Box Code

Town/City ID / Passport

Email Policy Number

KRA PIN Occupation

---

2. VEHICLE

Make & Model Year of Manufacture DD/MM/YYY

Reg. No. of Vehicle Carrying Capacity

---

3. USE

State the EXACT PURPOSE for which the vehicle was being used at the time of the accident

---

4. DRIVER'S DETAILS (EVEN IF THE INSURED)

First Name Middle Name Surname

Mobile No. (main) Mobile No. (alternative)

Residential Address

Area

Street/Road LR/Plot No.

P.O. Box Code

Town/City ID / Passport

Email

Policy Number | KRA PIN

Occupation | Date of Birth (DD/MM/YYYY)

---

5. ACCIDENT DETAILS

Date of Accident (DD/MM/YYYY) | Time (a.m/p.m) | Place / Location

Type of road surface | Visibility

Wet | or | Dry | Estimate speed before accident

Weather condition

---

6. STATEMENT BY DRIVER

Signature of Driver

I /We DECLARE that these particulars are true and correct and undertake to forward immediately (and answer) any correspondence related to this accident.

DECLARATION

I/We declare that to my/our knowledge that the answers and particulars given in this Claim Form are true and complete and that I/we have not withheld any material information. I/We have also read and understood that this Claim Form and Declaration shall be the basis of the Contract between me/us and PACIS Insurance Company Limited.

DATA PRIVACY

*I/ We willingly provide my/ our personal information in this Claim Form and consent its use as prescribed in the Pacis Insurance Data Protection Policy (The policy is available on our website **www.pacisinsurance.com**) and in accordance with Data Protection Act, 2019.*

Date of Completion of Claim Form (DD/MM/YYYY)

First Name | Middle Name | Surname

Signature of Insured (and stamp)