AIG

SUBMIT VIA EMAIL PRINT FORM

CLAIM FORM - WINDSCREEN / WINDOWGLASS

SECTION A : PERSONAL / CORPORATE DETAILS

Name of Insured in full _____

Business Address _____ PIN No.: _____

Name of Contact Person: _____ Position: _____

Private Address: _____ Postal Code: _____ Town: _____

Physical Address: Bldg: _____ Floor: _____ Street: _____

Office Tel: _____ Fax No.: _____ Mobile Phone: _____

E-Mail Address: _____

SECTION B : TECHNICAL DETAILS

1. Policy Number: _____
2. Insured: _____
3. Address: _____ Postal Code: _____

   Telephone: _____ Email: _____
4. Vehicle registration No.: _____
5. Sum Insured on Windscreen / Window glass KShs.: _____

   Estimated cost of reinstatement KShs.: _____
6. Make and type of vehicle: _____
7. Date of Incidence: _____ Place: _____
8. Description of incident and damage: _____

   _____

   _____
9. Has any damage been caused to the vehicle other than the breakage of the Windscreen / Window?

   _____

   _____
10. Should we deduct the reinstatement premium (if applicable) from the claim?

    _____

    _____

IMPORTANT NOTICE:
Please attach invoices, receipts and Photographs if you have already replaced the windscreen / window glass.

☐ Add File View File

SECTION C: DECLARATION

i. Privacy Statement

By completing this form, you have provided AIG with your personal information. AIG is committed to protecting the integrity, confidentiality, access and use of personal information that we collect from you in the course of our business. "Personal Information" is information that identifies and relates to you or other individuals (such as your dependants). You have the right to access and correct personal data that may be incorrect or incomplete. I hereby authorize AIG to use my personal information for lawful business purposes including across border transfer
For more information on how we handle personal information kindly obtain a copy of our privacy policy from our office or visit our website www.aig.com.

ii. Declaration

I/We declare that the above information is true and correct and that the signing of this claim form also constitutes written authority for AIG to inspect or investigate any medical records or details relevant to this claim. I/we further declare that i/we are aware that any misrepresentation and / or non-disclosure in respect of information provided herein shall render my/our claim null and void.

I/We hereby acknowledge and accept the contents of the statements i-ii above

Name: _____

Signature:_____ Date: _____

(If Corporate)

Name: _____

Signature:_____Designation _____

Company Stamp:

AIG, Eden Square Complex, Chiromo Road, P.O. Box 49460 - 00100 Nairobi, Kenya
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