

MAYFAIR INSURANCE COMPANY (UGANDA) LIMITED
2nd FLOOR, PLOT 9, YUSUF LULE ROAD
P.O.BOX 34447, KAMPALA
TEL: +256 312 181 950
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WINDSCREEN CLAIM FORM

1 Insured _____

2 Policy Number _____

3 Address _____

4 Registration number _____

5 Make and Type of Vehicle _____

6 Date on which Damage Occurred _____

7 Place of Accident _____

8 Name of Driver of Vehicle _____

9 Description of incident and damage _____

10 Is replacement Windscreen the same type as broken one? _____

10 Repairer's Name _____

I do hereby warrant the truth of the answers and particulars given on this form and that I have withheld no material information and I hereby claim for the damage as set out on this form hereto amounting in all to Shs. _____

Dated this _____ Day of _____ 20 _____

Signature of the Insured _____