

CLAIM FORM - WINDSCREEN/WINDOWGLASS

PRIVACY NOTICE

By completing this form, you will have provided NCBA Insurance Company Limited (NCBA-IG) with your Personal Data. Personal Data is any information that identifies you or other individuals named in this form. Please note that you should only provide Personal Data about someone else to us with the individual's express permission.

NCBA Insurance will, in adherence to the principles of data protection, collect, store, use, transfer (including cross-border), and disclose certain Personal Data in connection with the provision of insurance services. You have a right to be informed of the use to which your Personal Data is to be put; a right to access your Personal Data in our custody and to request us transfer it to another organisation; a right to object to the processing of all or part of your Personal Data; a right not to be subject to a decision based solely on automated processing; a right to correction of false or misleading data; and to deletion of false or misleading data about you.

Detailed information about how we use Personal Data is set out in our Privacy Policy, which you can find at <https://ke.ncbagroup.com/privacy-policy/>.

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: _____ Mobile Phone: _____
E-Mail Address: _____

SECTION B : TECHNICAL DETAILS

1. Vehicle registration No.: _____
2. Sum Insured on Windscreen / Window Glass (KShs) _____
3. Estimated Cost of Reinstatement (KShs): _____
4. Make and Type of Vehicle: _____
5. Date of Incident: _____ Place: _____
(mm/dd/yyyy)
6. Description of Incident and Damage:

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

IMPORTANT NOTICE

The cover provided under the windscreen extension endorsement is a one-off cover. Please note that cover will cease upon successful claim. The cover can be reinstated on payment additional premium . If you require cover to reinstated cover, please email request to: Customercare.ncbainsurance@ncbagroup.com, and we will get in touch with you.

SECTION C : BANKING DETAILS

We would like to have your banking details in the format below to facilitate bank transfer upon approval of your claim.

Bank Name: _____

Account Name: _____

Account Number: _____

Branch: _____

SECTION D : CONSENT & DECLARATION

Privacy Consent

Where you have shared sensitive personal information, including your health status, property details, and family details, we require your explicit consent for cross-border transfer. By ticking the box below, you consent to the international transfer of the sensitive personal information for policy management, claims processing, and customer support. Your data will be protected under appropriate safeguards, and you may withdraw your consent at any time by contacting ncbainsurance@ncbagroup.com.

I consent

I do not consent

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 NCBA Insurance 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.

Name: _____

Signature: _____

Date (mm/dd/yyyy) _____

(If Corporate)

Name: _____

Designation: _____

Company Stamp: