

CLAIM FORM FOR PROPERTY DAMAGE OR LOSS: Applicable to *Fire, Special Perils, Home covers, Theft, All Risks, Money, Baggage and Glass.*

Important Note:

The issuance of this form is not an admission of Liability on the part of the Company
All questions on this form must be answered.

Policy No.
Insured	1 Renewal Date..... Date of payment of last premium.....
	2 Name.....
	3 Address.....Telephone No.....
	4 Business or Occupation.....
Circumstances giving rise to claim	5 Date and time of loss.....am/pm on.....20.....
	6 Where loss or damage occurred.....
	7 Describe fully how loss or damage occurred.....
General Information	8 Type of premises involved.....
	9 Were the premises occupied at time of loss or damage? Yes/No. If so, by whom? If not, when were they occupied?
	10 Are you the sole owner of lost or damaged or destroyed Property?.....
	11 If not, give name of owner and nature of interest.....
	12 Are you responsible for repairs?.....
	13 Have you any suspicions as to parties implicated?.....
	14 Is there any other insurance in force providing cover for this loss? If so, give particulars including Insurer's name, address and policy number.....

	
	15	Have you ever suffered similar loss or damage/s? If so, give particulars and whether claim was made to Insurers
	16	At the time of loss, what was the value of; a) the buildings?..... b) all the property damaged or lost or destroyed?.....
Complete in all cases involving Theft Malicious Damage or Missing Articles	17	Was the Police notified? If yes, when?.....
	18	Address of Police station.....
	19	What other steps have you taken to recover the property?.....
	20	Give full details of method of entry to premises.....
	21	If alarm fitted, did it function properly?.....
	22	Are guards employed? If so, name the firm.....
Complete in all cases involving loss in transit	23	Start point and destination of transit.....
	24	Who was accompanying property lost?.....
	25	If employed, stage age and duty.....
	26	Are they insured under Fidelity Guarantee policy? If so, Insurers name, address and policy number.....
	27	How often is this transfer made?.....
	28	What is the maximum ever carried at one time?.....
Amount claimed	29	Uganda shillings.....Please refer overleaf for details.....

I/We solemnly declare that I/we have suffered loss of or damage to the property enumerated on the reverse hereof and that the said property was in my/our possession immediately prior to the said loss/damage which occurred in the circumstances above.

Date.....

.....

(Signature & Stamp of Insured)

DETAILS OF AMOUNT CLAIMED

If claim is of repairable damage, give particulars of damage and tradesman’s estimate for the repairs necessary.

If claim is for irreparable damage or loss, list items below completing all columns (if the Policy cover is on new reinstatement basis, the column for wear and tear is not applicable). Supporting estimates maybe useful.

In case where reported to Police, please furnish a Police report

Full description of Property	Where and when acquired	Replacement cost price	Deduction for Wear, Tear and Depreciation	Amount allowed for salvage

