Claim Form for Property Damage or Loss

Liberty General Insurance Uganda Limited
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P.O. Box 22938 Kampala, Uganda
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Policy No.

Renewal date D D - M M - Y Y Y Y

Date of payment of last premium D D - M M - Y Y Y Y

Name of insured

Address

Telephone number

Business or Occupation

Date of loss D D - M M - Y Y Y Y Time of loss H

Where loss or damage occurred

Describe fully how loss or damage occurred

Type of premises involved

Were the premises unoccupied? Y N If so, when were they last occupied? D D - M M - Y Y Y Y

Are the premises self-contained? Y N

If not, name of other occupants

Are you owner of premises? Y N Are you responsible for repairs? Y N

Have you any suspicion as to parties implicated? Y N

Is there any other insurance in force providing covers for this loss? Y N

If so, give particulars including Insurers name, and Policy No

Have you ever suffered similar loss or damage? Y N

If so, give particulars and whether claim was made on Insurers

At the time of the loss what was the value of The buildings? All the property in the premises?

When were the Police notified D D - M M - Y Y Y Y (attach copy of Police Abstract report if available)

Address of Police Station

What other steps have you taken to recover property?

Give full details of method of entry to premises

If alarm fitted, did it function properly? [Y] [N]

If not, give reasons

Are guards employed? [Y] [N] (attach copy of contract with security company)

If so, name of firm

Starting point and destination of transit

Who was accompanying property lost?

If employees, state age and duties

Are they insured under Fidelity Guarantee Policy? [Y] [N]

If so, Insurers name, address and Policy No

How often is this transit made?

What is maximum ever carried at one time?

Amount claimed   Tanzania Shillings   Please refer overleaf for details.

DECLARATION

I/We declare that I/We have not withheld any material information and that all statements made on this form are true to the best of my/our knowledge and belief and the articles and property described overleaf belong to me/us, and that no other person has any interest whether as owner, Mortgagee, Trustee or otherwise except as mentioned in the Policy.

Signature

Date [D | D] - [M | M] - [Y | Y | Y | Y]

If Policyholder Body Corporate, Title of Signing Authority)

DETAILS OF AMOUNT CLAIMED

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

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

In cases 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	AMOUNT CLAIMED