## Claim Form for Goods in Transit



LIFE INVESTMENTS HEALTH INSURANCE PROPERTIES ADVICE

Liberty General Insurance Uganda Limited

3rd Floor, 99 Buganda Road P.O. Box 22938 Kampala, Uganda t + 256 (0) 31 2246500

Policy No.																	R	enev	val d	ate	D	D	- [	М	М	_	Υ	Υ	Υ	Υ
Name of insured																														
Address																														
Telephone number																														
Business or Occupation																														
Date of loss	D	D	-	М	М	-	Υ	Υ	Υ	Υ		٦	Γime of	loss				H [												
Place of loss																														
Was the matter reported to the Police?	Y									(Atta	ach cop	ies o	of polic	e abs	tract	repo	rts if	avail	able)	)										
Please state Location of Police Station																														
Date reported	D	D	-	М	М	-	Υ	Υ	Υ	Υ																				
Were the Goods being carried in your own Vehicle	9								Υ		N																			
If so, please state registration details of Vehicles																														
Name of the Insurer of the Vehicles																														
f the Loss/Damage arose out of a motor vehicle accident, please identify all vehicles and owners involved.																														
	VEHICLES												NAME & ADDRESS OF OWNERS(S)																	
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REGISTRATION DETAILS					VE																		VINE	C)CN						
If the goods were not carried in your own vehicle,	pleas	se sta	te mo	ode of				Road/F	Rail/ A	Aircraf	ft/ Inla	and W	/ater/C	pasta	al Wate	5r				אטענ			VINE							
	pleas	se sta	te mo	ode of				Road/F	Rail/ A	Aircrat	ft/ Inla	and W	/ater/Co	pasta	al Wate	er							VINE							
If the goods were not carried in your own vehicle, State name and address of Carrier of Goods Claimed for	pleas	se sta	te mo	ode of				doad/f	Rail/ /	Aircraf	ft/ Inla	and W	/ater/C	pasta	al Wate	er							VIVE	C)CA						
If the goods were not carried in your own vehicle, State name and address of Carrier of Goods	pleas	se sta	te mo	ode of				doad/f	Rail/ /	Aircrat	ft/ Inla	and W	/ater/Co	pasta	al Wate	er								C)CA						
If the goods were not carried in your own vehicle, State name and address of Carrier of Goods Claimed for  Were the Goods Being Carried at Owner's Risk or Carrier's Risk?  Note: (1) Please attach copies of Delivery/Con	signn	nent i	Note a	and C	f trans	sport,	i.e. R	Carria	ge.																					
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Consignee's name																																
Consignee's address																																
Date goods left your premises	D	D	-	M	М	_	Υ	Υ	Υ	Υ																						
QUANTITY									D	ESC	RIPTI	ON										VALUE										
	-																															
	-																															
Address where damaged goods can be inspected																																
DECLARATION																																
I/We declare that I/We have not withheld any mame/us, and that no other person has any interest								ients i	made	on t	this fo	rm ar	e true	e to tl	he be	est of r	ny/o	ur kn	owle	edge	and l	belie	f and	l the p	orope	erty d	escrib	oed al	bove	belor	ng to	
Signature																				Da	te	D	D	-	М	М	-	Υ	Υ	Υ	Υ	
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If Policyholder Body Corporate, Title of Signing														T					T													