

Motor Claim Form

(For Windscreen/Minor Accident claims & not involving Third Parties)



LIFE INVESTMENTS HEALTH INSURANCE PROPERTIES ADVICE

Liberty General Insurance Uganda Limited
3rd Floor, 99 Buganda Road
P.O. Box 22938 Kampala, Uganda
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(THE ISSUE OF THIS FORM IS NOT TO BE TAKEN AS AN ADMISSION OF LIABILITY)

Policy No.	<input type="text"/>	Claim No.	<input type="text"/>
Name of insured	<input type="text"/>		
Telephone number	<input type="text"/>	Fax number	<input type="text"/>

THE INSURED VEHICLE

Make and model	<input type="text"/>
Registration number	<input type="text"/>

THE ACCIDENT

Date of occurrence	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Time of occurrence	<input type="text"/> <input type="text"/> H <input type="text"/> <input type="text"/>
Place (Street or Road and Town)	<input type="text"/>		

Describe fully how the accident happened and draw a rough sketch plan of the scene of the accident.

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>

Estimated cost of repairs	<input type="text"/>
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I/we the above named, do hereby, to the best of my/our knowledge and belief, warrant the truth of the foregoing statements in every respect and I/We agree that if I/We have made, or in any further declaration the Company require in respect of the said accident, shall make any false or fraudulent statement, or any suppression or concealment the Policy shall be void and all rights to recover thereunder in respect of past or further accidents shall be forfeited.

Name	<input type="text"/>
Signature	<input type="text"/>
Date	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Designation	<input type="text"/>

Note: For any claim to be entertained, please ensure that your vehicle is brought to our Offices for inspection and taking photographs of the damage.

Please complete this form and send the following

- Copy of log book (both sides) with valid Road License details
- Copy of valid driver's permit
- At least two repair/replacement quotations.