

**LIBERTY GENERAL INSURANCE UGANDA LIMITED**

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Website: [www.liberty.co.ug](http://www.liberty.co.ug)

**Directors:** P Kabatsi (Chairman), Independent Sugar Estates Limited, Liberty Holdings Limited, K M Madhvani, Marasa Holdings Limited, P Mweheire, X Nxanga, R Singh  
**Company Secretary:** Madhvani Group Limited

*Liberty General Uganda Limited is regulated by the Insurance Regulatory Authority of Uganda.*

## **NOTIFICATION OF ACCIDENT OR INCIDENT FOR PROFESSIONAL INDEMNITY / THIRD PARTY/PRODUCT LIABILITY INSURANCE**

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The Insured is reminded that it is a Policy Condition that any letter, claim or other communication from Third Parties or Summons is to be forwarded to the Company immediately on receipt. The Insured must not himself reply to any such communication.

The issue of this form is not an admission of liability on the part of the Company. All questions on this form must be answered in full. (if the space provided is not enough, please attach a separate sheet)

***Policy No.***

***Date of payment of last premium***

**Renewal Date**

1. Insured.....
2. Address .....Telephone No.....
3. Business or Occupation .....
4. Date and time of accident/incident ..... a.m/p.m.....
5. Place of accident/incident.....
6. Describe fully how the accident occurred and when it was first  
intimated to you and how.....  
.....  
.....
7. Give details of witnesses to the accident/incident.....  
.....
8. When were the Police notified?.....
9. Address of Police Station .....
10. Give full details of results of your investigations into the matter.....  
.....  
.....
11. Please attach copy of Police Report.
12. In your opinion who is to be blamed for the accident/incident and why?  
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.....  
.....

13. What steps have you taken to prevent such recurrence.....  
.....  
.....
14. Name and address of claimant (if a claim is already received) .....  
.....
15. Type of premises involved and the use .....  
.....
16. Were the premises unoccupied? Yes/No. If so, when were they last  
occupied?.....  
.....
17. Are the premises self-occupied? If not, name other occupants .....  
.....
18. Are you owner of the premises? .....
19. Are you responsible for repairs?.....
20. Is there any other insurance in force providing cover for this claim? If so,  
give particulars and whether claim was made on Insurers and the result.  
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21. Describe the methods and contents of any disclaimer notice  
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.....
22. What is the estimated indemnity for thirty party claims:  
a) Bodily injury Shs.....  
b) Property damage Shs. ....

I/we declare that/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 that we have not admitted any liability for the above incident either in writing or otherwise. We also undertake to forward to/intimate the company if any claim is received in future.

**Dated**.....

**Signature of Insured**