Public Liability Claim Form

LIBERTY

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 HOLDER DETAILS

Policy number

Name of Insured

Telephone number

Address

Trade or Occupation (if more than one state all)

Date of accident D M Y Time of accident

Place

Explain fully how accident occurred

When was the accident reported to you? D M Y

By whom

Did the accident arise from the activities of persons in your direct employ Yes No

If YES give names and addresses of employees

Name and address of any other witnesses

NAME	ADDRESS

Was the accident reported to the Police? Yes No

Details of officer or station

Persons (other than your own employees) who sustained injury or damage to property

NAME	ADDRESS	DETAILS OF INJURY AND DAMAGE

Is there any other insurance indemnifying you in respect of this accident? Yes ☐ No ☐

If YES give name and address of Insurers

Has any claim been made against you? Yes ☐ No ☐

If YES give details

What is the net annual rental?

For what purposes are the premises used?

Are you responsible for repairs Yes ☐ No ☐

When was the property last inspected? D M Y

By whom?

NOTE
Correspondence and claims. All communications and claims received by you concerning accident are to be forwarded immediately without acknowledgement.

I/We declare that these particulars are true and complete. I/We understand that the information given on this form may be submitted to solicitors for use in connection with any litigation arising out of this accident.

Signature of Insured
(If a Limited Company give status of signatory)

Date D M Y