



AHA TOWER, LOURDEL ROAD,
P.O Box 34795, KAMPALA
Tel: +256 200 900 100, +256 392 175 046
cic@ug.cicinsurancegroup.com
www.cic.co.ug

CLAIM FORM - MOTOR WINDSCREEN DAMAGE

Important Note: The issuance of this form is not an admission of Liability on the part of the Company.
Kindly answer all the questions on this form.

Form with fields for Policy number, Insured's Name, Telephone Numbers, Email, Vehicle Reg No., Year of Manufacture, Chasis Number, Date of accident, Time, Where accident occurred, and Describe fully how accident occurred.

I/We solemnly declare that I/we have suffered loss of or damage to the property and that the said property was in my/our possession immediately prior to the said loss/damage which occurred in the circumstances above.

Date ..... (Signature & Stamp of Insured) .....

Kindly avail the following:

- At least two replacement quotations
- copy of the logbook and driving permit