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CLAIM FORM – ELECTRONIC EQUIPMENT

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, Date of loss, Time, Where incident occurred from, List all damaged/lost items, Describe fully what happened and extent of damage, Police station and reference, Name & Designation of user, Phone No. & Email, Serial number, Company tag, Cost at original purchase, Replacement cost, Repair cost.

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)