CIC GENERAL INSURANCE UGANDA LTD
We keep our word

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CLAIM FORM – PERSONAL ACCIDENT/WCA

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.

Policy number ……..

Insured's Name……..

Contact person ……..

Designation ……

Phone Numbers……..

Email……..

Person Injured ……

Phone numbers ……

Date of injury…… **Time**……..

Place from where incident occurred ……..

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Describe in detail how incident occurred and extent of injury ……..

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To be completed by attending Doctor

a) Kindly state the duration of Temporary Disablement

i) Temporary Total Disability From …….. To ……

ii) Temporary Partial Disability From …….. To ……

b) Has the patient suffered any Permanent Incapacity? ……

If Yes, kindly advise on the degree of incapacity in your opinion with a clear explanation

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Doctor's name ……

Phone number ……

Email ……

Signature …… Stamp & Date ……

I/We solemnly declare that the above information is true and correct in every aspect and that signing this claim form constitutes written authority for CIC GENERAL INSURANCE UGANDA LTD to review or investigate any medical records or details relevant to this claim. I/We further declare that I am/We are aware that any misrepresentation and/or non-disclosure of information provided herein shall render my/our claim null and void.

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

Kindly return this claim form completed with the following:

1. All clinical and diagnostic notes relating to the injury
2. All medical receipts in the name of the claimant
3. Copies of salary slips for the three months prior to the incident
4. Copy of employee's company and National ID
5. Police report for road traffic accidents
6. Post mortem report and Death Certificate (for death)