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CLAIM FORM – GOODS IN TRANSIT/MARINE

Notice: Issuance of this form is not to be taken as admission of liability by the Insurer.

1 Name of Insured..... Policy Number.....
Tel. No..... TIN.....
Occupation/Business.....
2 When were the goods lost or damaged?
3 If the claim is for damage, where can the damaged goods be inspected?.....
4 Please state exactly the nature of the loss or damage and (a) how and (b) where the loss or damage occurred and (c) what action was taken Immediately afterwards. A statement from the driver must be provided
(a)
(b)
(c)
5 Claims arising from theft, pilferage or short delivery must be reported to the police and police report availed.
Please state the police station and reference number.....
6 (a) Where were the goods picked up?.....
(b) Where were the goods to be delivered?.....

7 Please give the following information about the vehicle

(a) Make.....Registration No.....Carrying capacity.....

(b) Are you the owner?.....

(c) If not please give the names and address of the owners.....

.....

(d) Name and address of the motor insurers of the vehicle.....

.....

(e) How many vehicles are you currently operating for carriage of goods?.....

.....

8 (a) Were the doors/windows locked and the keys removed?.....

(b) Details of security fittings on vehicle.....

(c) Installed by?.....

(d) Were the security fittings in working order at the time of occurrence?.....

(c) Were they all in full operation at the time of occurrence?.....

(d) Was force used to gain entry into the vehicle?.....

(e) What evidence is there of force being used to enter the vehicle?.....

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9 Please give information about the person driving the vehicle

Name:.....Age:.....Length of service:.....

10 Please give the following information about the actual goods lost or damaged

(a) Description of goods.....

(b) Value of goods lost or damaged.....

Less Salvage (if any)

Amount of claim

11 Please state quantity and value of the whole load.....

IMPORTANT: The original invoice or account of the goods is required.

I /We declare the above particulars in this claim form are true and that I/We have not misstated or suppressed any material facts and I/We undertake to render the company every assistance in my/our power in dealing with the matter.

Date.....

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(Signature & Stamp)