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CLAIM FORM – PROFESSIONAL INDEMNITY

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, Contact person, Telephone Numbers, Email, Date of incident, Time, Where incident occurred, Name of client that suffered loss (claimant), Nature of claimant's business, List all stolen or damaged items, Insurer for the affected items, Name of security company, Names of guards on duty with their phone contacts.

Police station **Police reference**

Police Officer handling

Phone contact of that Police Officer

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:

- Any photos regarding the incident
- Demand letter to the security company
- Photos, Purchase and replacement quotations for stolen/affected items
- Contract between security company and claimant
- Employee contracts for the security guards, appointment letters, their employee and National IDs
- Incident report by security company
- Police report
- Copies of statements recorded at Police
- Any other documents that may help in the claims process