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CLAIM FORM – PUBLIC LIABILITY

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, Designation, Telephone Numbers, Email, Date of incident, Time, Where incident occurred from, Brief description of what happened and extent of damage/injury, and Estimated claim amount.

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)

**Documents required in case of bodily injury:**

- Detailed statement from the insured regarding what happened
- Demand letter to the insured
- Full name and copy of national ID or passport of injured party
- If the injured party is a minor, include full names of both parents and copies of national IDs or passports
- All clinical and diagnostic notes relating to the injury
- All medical receipts in the name of the claimant
- Full police report including statements recorded at Police

**Documents required in case of property damage:**

- Demand letter to the client
- At least two repair quotations
- Name of the owner and/or designated person such as a manager, copies of IDs, phone numbers, emails, day time physical addresses
- Full police report including statements recorded at Police