CIC GENERAL INSURANCE UGANDA LTD
We keep our word

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CLAIM FORM B – PUBLIC LIABILITY

Important Note: The issuance of this form is not an admission of Liability on the part of the Company.

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 ……

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

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