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MOTOR CLAIM FORM – THEFT RELATED

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 Telephone Numbers Email Vehicle Reg. No. Vehicle model Year of Manufacture
Date of incident Time Where incident occurred from Describe fully how incident occurred Kindly list all affected parts Police station Police reference Estimated replacement cost

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)