



AHA TOWER, LOURDEL ROAD,
P.O Box 34795, KAMPALA
Tel: +256 200 900 100, +256 392 175 046
cic@ug.cicinsurancegroup.com
www.cic.co.ug

CLAIM FORM - MOTOR ACCIDENTAL DAMAGE

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, Telephone Numbers, Email, Vehicle Reg. No., Year of Manufacture, Chasis, Date of accident, Time, Where accident occurred, Describe fully how accident occurred, Kindly list all damaged parts, Driver's name, Permit number, Phone contacts, Is any third party involved, Name & Phone contacts of Third Party.

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 :

Photos showing whole vehicle and extent of damage

At least two repair quotations

Copy of vehicle logbook

Copy of driver's driving permit

Police report for: theft-related cases, where a third party is involved, where repairs may exceed US\$2 million. Statements recorded at Police should also be availed to us.

Kindly avail the following in case there is a Third Party involved:

Damage to Third Party vehicle:

Name of the owner, copy of ID, phone numbers, email, day time physical address

Copy of vehicle logbook and a clear photo of the insurance sticker

Driver's name, copy of driving permit, phone contacts

Statement by the driver also listing all the damaged parts

Full police report including statements recorded at Police

At least two repair quotations, demand letter to the client

Damage to Property other than vehicles:

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

At least two repair quotations, demand letter to the client

Bodily Injury:

Demand letter to the client, Copy of national ID

Clinical and diagnostic notes and receipts from an approved medical practitioner

Full police report including statements recorded at Police

Death:

Death certificate & Post mortem report

Demand letter to the client, Copy of national ID of the deceased

Clinical and diagnostic notes and receipts from an approved medical practitioner (if any)

Full police report including statements recorded at Police

Letter of Introduction of the Beneficiary(ies) or Minutes of the family meeting indicating the beneficiaries & signed by all persons present in the meeting

Copies of national IDs of the beneficiaries