CIC GENERAL INSURANCE UGANDA LTD

GENERAL PROPERTY DAMAGE AND LOSS CLAIM FORM

CIC INSURANCE

IMPORTANT NOTICE:

1. This claim form applies to claims arising under Fire & Special Perils, Home Owner's, Theft/Burglary, All Risks, Electronic Equipment, and Plate Glass covers.
2. The issuance of this claim form shall not be construed as an admission of liability on the part of the Insurer.
3. All questions must be answered fully and accurately; incomplete responses may delay assessment of the claim.

1. POLICY HOLDER DETAILS

Policy Number _____ Renewal Date _____

Date of Payment of Last Premium _____ Email Address _____

Name of Insured _____ Correspondence Address _____

Telephone No _____

Trade or Occupation (if more than one, state all) _____

2. CIRCUMSTANCES GIVING RISE TO THE CLAIM

i. Date and Time of Loss or Damage _____

ii. Place/Location where the loss or damage occurred _____

iii. Explain fully the circumstances and cause of the loss or damage

_____

_____

3. GENERAL INFORMATION

i. Date the loss or damage was reported to the Insurer, and by whom _____

ii. Type of premises involved (e.g. residential, commercial, warehouse) _____

iii. Were the premises occupied at the time of the loss or damage? (Yes/No) Yes ☐ No ☐
If occupied, by whom? If unoccupied, state when the premises were last occupied

_____

iv. Are you the sole owner of the property lost, damaged, or destroyed? (Yes/No) Yes ☐ No ☐
If not, state the name of the owner and the nature of your interest

_____

v. Are you responsible for effecting repairs to the property? Yes ☐ No ☐

vi. Do you have any suspicion as to the party(ies) implicated in the loss? Yes ☐ No ☐

vii. Is there any other insurance in force covering this loss? (Yes/No) Yes ☐ No ☐
If so, give particulars including the Insurer's name, address, and policy number

_____

viii. Have you previously sustained a similar loss or damage? (Yes/No) Yes ☐ No ☐
If so, give particulars and state whether a claim was lodged with Insurers

_____

ix. State the value, at the time of loss, of:
(a) the buildings _____

x. State the value, at the time of loss, of:
(b) all property damaged, lost, or destroyed _____

4. POLICE & SECURITY DETAILS

i. Police & Security Details Were the Police notified? Yes ☐ No ☐
If so, state the date and time of notification

ii. Address of the Police station (Police Abstract Report to be attached)

iii. What other steps have been taken to recover the property?

iv. Give full details of the method of entry to the premises

v. If an alarm was fitted, did it function properly at the material time? (Yes/No) Yes ☐ No ☐

vi. Are security guards employed at the premises? If so, name the security firm Yes ☐ No ☐

5. GOODS-IN-TRANSIT DETAILS (COMPLETE IN ALL CASES INVOLVING LOSS IN TRANSIT)

i. State the start point and destination of the transit

ii. Who was accompanying the property at the time of loss?

iii. If an employee, state their age and designation/duty

iv. Was the custodian/escort covered under a Fidelity Guarantee policy? (Yes/No) Yes ☐ No ☐
If so, state the Insurer's name, address, and policy number

v. How frequently is this transfer/transit undertaken?

vi. What is the maximum sum or value ever carried at any one time?

6. QUANTIFICATION OF LOSS

Total Amount Claimed (Uganda Shillings)

DECLARATION

I/We hereby declare that the whole of the statements made by me/us in this claim form are in every respect true, and I/We agree that if I/We have made any false or untrue statement(s), or if there be any suppression or concealment of any material fact, my/our right to recover under the policy shall be absolutely forfeited.

Date: Signed by policy holder: