CIC GENERAL INSURANCE UGANDA LTD

PROFESSIONAL INDEMNITY CLAIM FORM

CIC INSURANCE

IMPORTANT NOTICE:

1. The issuance of this claim form shall not be construed or taken as an admission of liability on the part of the Insurer.
2. All questions must be answered fully, accurately, and with comprehensive elaboration where required.

1. INSURED DETAILS

Name of Insured _____ Telephone No: _____

Email Address _____ Occupation _____

Correspondence Address _____ Contact Person: _____

Policy Number: _____

2. CLAIMANT DETAILS

i. Name of Claimant (Person Making the Claim): _____

ii. Address of Claimant: _____

iii. Was Your Contract for Services Evidenced in Writing? (If Yes, Attach a Copy. If No, Provide Appropriate Particulars): Yes ☐ No ☐

_____

_____

iv. Describe the Professional Services Carried Out from Which This Loss Arises:

_____

_____

_____

3. CIRCUMSTANCES OF CLAIM

i. Date on Which the Alleged Professional Negligence Was Committed: _____

ii. Name of the Person Against Whom the Negligence Is Directed: _____

iii. Explain in Detail the Circumstances Under Which the Loss Occurred:

_____

_____

_____

iv. When Did You First Become Aware of the Professional Negligence? _____

4. AMOUNT CLAIMED

What Is the Amount Claimed? _____

5. INSURED'S RESPONSE

i. Have You Received Any Formal Demand, Summons, or Correspondence Concerning This Claim? (If So, Attach Copies):

_____

_____

_____

ii. What Are Your Comments on the Circumstances Surrounding the Loss and the Events That Might Give Rise to a Claim?

_____

_____

_____

iii. Any Additional Information You Would Wish to Provide Regarding This Claim?

_____

_____

_____

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: _____