CIC GENERAL INSURANCE UGANDA LTD

SHORT MOTOR 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. POLICY & INSURED DETAILS

Policy No: _____ Insured Name: _____

Telephone No(s): _____ Email Address _____

Correspondence Address _____

2. VEHICLE DETAILS:

Make of Vehicle: _____ Year of Manufacture: _____

Registration No: _____ When Was Your Last Claim? _____

3. DRIVER'S DETAILS:

Name: _____

Address: _____ Mobile No: _____

Driving License No: _____

4. REPAIRER'S DETAILS (IF ANY)

Name: _____

Physical Address: _____ Contact: _____

5. LOSS DETAILS

Date of Accident: _____ Time: _____

Where the Accident Occurred: _____

Describe Fully How the Accident Occurred:

_____

_____

Kindly List All Damaged Parts:

_____

_____

_____

_____

6. POLICE DETAILS

Police Station Reported To: _____

Police Reference No: _____

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: _____

CIC GENERAL INSURANCE UGANDA LTD

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UGANDA | KENYA | SOUTH SUDAN | MALAWI

GENERAL • LIFE • HEALTH • ASSET