CIC GENERAL INSURANCE UGANDA LTD

WINDSCREEN GLASS (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 HOLDER DETAILS:

Name: _____ Correspondence Address: _____

Mobile No: _____ Alternative Mobile No: _____

Email: _____

2. POLICY DETAILS

Policy No: _____

3. VEHICLE DETAILS:

Make of Vehicle: _____ Year of Manufacture: _____

Registration No: _____

4. DRIVER'S DETAILS:

Name: _____ Mobile No: _____

Address: _____ Driving License No: _____

5. REPAIRER'S DETAILS (IF ANY)

Name: _____ Contact: _____

Address: _____

6. LOSS DETAILS

Date of Breakage: _____ Time: _____

Place: _____

Cause of Breakage:

_____

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