



**FIRST INSURANCE COMPANY LIMITED**

“Service Beyond Expectation”

A Subsidiary of NicosDiamond Insurance Limited, Zimbabwe

Plot No.1 Kyadondo Road  
P.O.Box 5245, Kampala-Uganda  
Email:fico@fico.co.ug  
Website: www.fico.co.ug

**THEFT CLAIM FORM**

The issue of this form is not to be taken as an admission of Liability

*To help us deal with your claim as quickly as possible PLEASE ANSWER ALL QUESTIONS ON THE CLAIM FORM FULLY AND CLEARLY, and sign and date the form.*

POLICY NO.....CLAIM NO.....

**INSURED’S DETAILS**

- 1. Name of Insured (in full) .....
- Address .....
- .....
- Email..... Telephone No.....
- Occupation or Business .....

**DESCRIPTION OF LOSS/DAMAGE**

- 2. Address at which the loss or damage occurred .....
- .....
- 3. When did the loss or damage occur? Date ..... Time.....
- 4. Describe fully how the loss or damage occurred.....
- .....
- .....
- .....
- .....
- 5. When was the loss discovered? .....
- 6. Who discovered the loss?.....
- 7. How many guards were on the premises at the time of loss.....
- 8. Were the guards armed? .....

- 9. What are their names?.....  
.....  
.....
- 10. Did they submit any written statements to Management as the how the loss occurred?.....  
.....
- 11. If not, why not?.....  
.....
- 12. Who is the contact person at the Security Company (include tel. no).....  
.....
- 13. Considering that a number of theft cases have occurred does Management still support the continued use of the Security Company?.....
- 14. If yes, why, considering the high number of claims.....  
.....  
.....
- 15. Amount of claim.....

**DECLARATION**

I/ We the above named, do hereby to the best of my/ our knowledge and behalf, warrant the truth of the foregoing statements in every respect; and I/ We agree that if I/We have made, or in any further declaration to the company in respect of the said loss, shall make any false or fraudulent statement or any suppression or concealment my / our claim shall be absolutely forfeited and the Policy shall henceforth be null and void.

Date..... Insured's Signature.....

Name.....