



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

MONEY INSURANCE CLAIM FORM (WITHOUT PREJUDICE)

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. C.T.....CLAIM NO.....

INSURED’S DETAILS

- 1. Name of Insured (in full).....
- Address.....
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- Email.....Telephone.....
- Occupation/Business.....

DESCRIPTION OF LOSS/DAMAGE

- 2. a. When was the loss discovered? (Give time & date).....
- b. What were the places between which money was in transit?.....
- c. How and where did the loss occur?.....
- d. What was the amount being carried?.....
- 3. In whose custody was the money at the time of loss?.....
- 4. Were the persons conveying the money accompanied by an armed guard? If not, state what protection if any, was provided?.....
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- 5. How was the money being carried? (i.e. whether in bags trunks, etc, and in how many of them).....
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- 6. What means of transport was being used by the persons conveying the money?.....
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7. Give the circumstances of the loss or damage (full particulars must be given).....
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8. What is the amount of loss?.....
9. Have you informed the policy authorities? If so when and where?.....
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10. What steps have been taken to recover the lost money?.....
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11. Were the persons conveying the money covered under Fidelity Guarantee Policy / Policies? If so, for what sums and with which office/s?.....
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12. Are there any other insurance upon the same money? If so, give full particulars.....
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13. Have you ever before sustained loss of the same nature? If so give particulars.....
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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.....