



**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

**CONTRACTORS’ ALL RISK 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 project / Contract.....
- Name of Insured (in full).....
- Address.....
- .....
- Email.....Telephone.....
- Occupation/Business.....

**DESCRIPTION OF LOSS/DAMAGE**

- 2. Type Of Claim.....Location of Contract site.....
- 3. Date of Occurrence.....Time.....
- 4. Description of Property Involved: (Year, model number and make if applicable).....
- .....
- .....
- 5. Description of Loss/Damage.....
- .....
- 6. Estimate cost of Loss/Repairs.....
- 7. a. Date of purchase or Manufacture.....

- b. Cost price.....
- c. Deduction for age, use and wear and tear.....
- d. Amount claimed.....

**THIRD PARTY DETAILS**

8. TOTAL Third Party Details (if Any).....
- .....
- a. Is there any Third party property damage?.....
  - b. Estimate of Third party damage.....
  - c. Were there at the time of the occurrence any other insurance in force on the property, whether effected by you or by any other person? If so, give full particulars. If not, Please write "NO".....

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  - d. What was the total value of the property insured by the policy at the time of loss?.....
  - e. Were any existing buildings or surrounding property damaged?.....Yes.....No.....
  - f. If so by what?.....
  - g. Are any alterations to or improvements of design, execution or construction materials being affected whilst repairs are being made?.....

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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. I/We declare that the above is a full and accurate statement of the sum claimed. I/We further declare that no other person except.....has any interest in the said property.

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

Name.....