



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

FIRE CLAIM FORM (WITHOUT PREJUDICE)

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.....

Date of payment of last premium.....

INSURED’S DETAILS

- 1. Name of Insured (in full).....
- Address.....
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- Email.....Telephone.....
- Occupation/Business.....
- V.A.T. Registration No.....

DESCRIPTION OF LOSS/DAMAGE

- 2. Please give the following details about your loss.
 - a. When did it happen? On.....(date) at.....p.m./a.m.
 - b. Where did it happen?.....
 - c. How did it happen? Please give details.....
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- 3. Please give the estimated total value of the contents in your premises at the time of loss.
 - a. Ushs.....

Please give the estimated total value of the building at the time of loss.

 - b. Ushs.....

4. Are you the sole owner of the property? Yes.....No.....
5. Has anyone else a financial interest in the property, e.g., as owner or under a mortgage? Yes.....No.....
If Yes, please give details.....
6. Are you insured under any other policy for this loss? Yes.....No.....
If Yes, please give details.....
7. What measures have you taken to prevent a recurrence of this loss?.....
8. Have you previously claimed against any insurer in respect of risks covered by this policy? Yes.....No.....
If Yes, please give details.....

Please list all the missing or damaged property on a separate sheet of paper giving the date of purchase and their original/purchase costs and the depreciated values at the time of the Fire as here below.

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.....

In addition to the claim form, please let us have:

- Replacement invoices*
- Detailed quotation*

PLEASE NOTE

- *All damaged property must be protected from further deterioration and should not be disposed of until the Company or Loss Adjusters give permission.*
- *If you make a claim that is in any way fraudulent, unfounded or exaggerated, or make any false declaration, all benefit under this policy will be forfeited.*