



FIRST INSURANCE COMPANY LIMITED

“Service Beyond Expectation”

A Subsidiary of NicozDiamond Insurance Limited, Zimbabwe

Plot No.1 Kyadondo Road
P.O.Box 5245, Kampala-Uganda
Email:fico@fico.co.ug
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GOODS IN TRANSIT 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.....
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- Email.....Telephone.....
- Occupation/Business.....

DESCRIPTION OF LOSS/DAMAGE

Please give the following details about your loss/damage.

- 2. a. When were the goods lost or damaged? On.....(date) at.....p.m./a.m
- b. Where did it happen?.....
- c. How did it happen? Please give details.....
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- d. What action was taken immediately afterwards. A statement from the driver MUST be provided.....
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- 3. If the claim is for damage, where can the damaged goods be inspected?.....
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- 4. Claims arising from theft, pilferages, or short delivery MUST be reported to the police. Please give details of the Police Station to which the loss was reported.....Police Station

On.....(date) at.....p.m./a.m.

5. a. Where were the goods picked up?.....

b. Where were the goods to be delivered?.....

6. Please give provide the following information about the vehicle.

a. Make.....Model.....

Carrying Capacity.....

b. Registration Number.....

c. Are you the owner of the vehicle? Yes.....No.....

d. If not please provide the name(s) and address of the owner(s).....

.....

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e. Name(s) and address of the Motor Insurers of the vehicle.....

.....

.....

f. How many vehicles are you currently operating for the carriage of goods?.....

.....

7. a. Where the doors/windows locked and keys removed at the time of loss/damage? Yes.....No.....

b. Details of the security fittings on the vehicle (type etc).....

.....

c. Installed by whom?.....

d. Where the security fittings in good working order at the time of the loss/damage? Yes.....No.....

e. Where the security fittings in full operation at the time of the loss/damage? Yes.....No.....

f. Was force used to gain entry into the vehicle? Yes.....No.....

g. What evidence is there of force being used to gain entry into the vehicle?.....

.....

8. Please provide the following information about the person driving the vehicle

Name.....Age.....

Length of service.....

9. Please provide the following information about the actual lost/damaged goods.
- a. Description of goods.....
 - b. Value of lost or damaged goods.....
 - c. Less salvage (if any).....
 - d. Amount of claim.....
10. Please state the value of the whole load and NOT merely the lost or damaged parts.

IMPORTANT: The ORIGINAL Invoice or Account of the goods is required

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.....