



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

PUBLIC LIABILITY 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

Name of Insured.....

Address.....

DESCRIPTION OF LOSS/DAMAGE

Nature of premises involved.....

Date of Accident..... Time.....am/pm..... Place.....

State what happened.....

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Witness..... Estimate of loss.....

Police Station where incident was reported.....

Any other relevant information.....

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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.....