



**FIRST INSURANCE
COMPANY LIMITED**
Service beyond expectations

Plot 3A, Luthuli Avenue, Bugolobi.
P.O. Box 5245 Kampala, Uganda
Tel: +256 414 342 863 | +256 414 233 750
Email: fico@fico.co.ug

PUBLIC LIABILITY CLAIM FORM

The issue of this form is not to be taken as an admission of Liability

ANSWER ALL QUESTIONS FULLY

Policy No..... Claim No.....

Name of Insured:

Address:

Nature of premises involved:

Date of Accident: Time:

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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I/We the above named, do hereby to the best of my/our knowledge and belief warrant the truth of the foregoing statements in every respect and I/We have made, or in any further declaration in company may require 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 thenceforth be null and void.

Witness _____ Insured's Signature _____
(Signature)

Name _____ Date: _____

Date _____

