



GENERAL POLICY

MISCELLANEOUS CLAIM FORM

THE JUBILEE ALLIANZ GENERAL INSURANCE COMPANY. HEAD OFFICE:

Jubilee Insurance Centre, 14 Parliament Avenue P.O. Box 10234, Kampala, Uganda Telephone: +256 414311701 S +256 761002060 Email: jazug@allianz.com

DIRECTIONS.

 To be used for all property insurance, other than marine, motor and plate glass.
The issuing of this form is not to be taken as an admission of liability.
All questions must be answered.

POLICY NO.						
Name of Insured in full						
Postal address	ss Postal code					
Telephone - Office House	Mobile					
Email						
Occupation/nature of business						
When did the loss or damage occur?	Timeam/pm					
Situation of premises or place where the loss or damage oc	curred					
L State fully how the loss or damage occurred						
When was the loss or damage discovered? day/month/year	Time am/pm					
By whom was the discovery made?						
When was the property last seen? day/month/year	Time am/pm					
When were the Police notified?						
Name of Police Station (attach Police abstract form)						
Were the premises occupied by anyone at the time of loss c	r damage? Yes 🗌 No 🗌					
If so, by whom?						

If not, when were they last occupied?	day/month/year	Time	С	am/pm
Was the watchman or guard on duty at the	time of the occurrence?	!	Yes 🗌	No 🗌
Are you the sole owner of the lost or destroy	ed property?		Yes 🗌	No 🗌
If not, give name(s) of any other partie	es and nature of their in	iterest		
Was there at the time of the loss or damage	any other existing insu	rancels) effected by ye		
any other persons on the property for v				No 🗌
Have you ever sustained a loss or claimed a	against any insurers for	any of the risks under tl		—
policy under which this claim is made?			Yes 🗌	
If so, give particulars				

IMPORTANT

(i) Attach purchase invoices/cash sales/receipts and/or trademan's estimate(s) to facilitate the processing of this claim.

(ii) No salvage should be disposed off without the written permission of The Jubilee Insurance Company of Uganda Limited.

Description of the property lost or damaged	Date purchased or received	From whom purchased or by whom donated	Cost price	Amount claimed after allowing for age, wear, tear and salvage (if any)
TOTAL				

DECLARATION

I/We hereby declare the particulars on this form to the Jubilee Allianz General Insurance Company are true and complete.