


**THE JUBILEE ALLIANZ GENERAL  
INSURANCE COMPANY.  
HEAD OFFICE:**

**Jubilee Insurance Centre, 14 Parliament Avenue  
P.O. Box 10234, Kampala, Uganda  
Telephone: +256 414311701  +256 761002060  
Email: [jazug@allianz.com](mailto:jazug@allianz.com)**

**DIRECTIONS.**

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

**POLICY NO.**

Name of Insured in full

Postal address  Postal code

Telephone - Office  House  Mobile

Email

Occupation/nature of business

When did the loss or damage occur?  Time

Situation of premises or place where the loss or damage occurred

State fully how the loss or damage occurred

When was the loss or damage discovered?  Time

By whom was the discovery made?

When was the property last seen?  Time

When were the Police notified?

Name of Police Station (*attach Police abstract form*)

Were the premises occupied by anyone at the time of loss or damage? Yes ☐ No ☐

*If so, by whom?*

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am/pm

Yes ☐ No ☐

Yes ☐ No ☐

*If not, give name(s) of any other parties and nature of their interest*

Yes ☐ No ☐

Yes ☐ No ☐

*If so, give particulars*

## IMPORTANT

(i) **Attach purchase invoices/cash sales/receipts and/or tradesman'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)
<b>TOTAL</b>				

## DECLARATION

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

Signature of Insured