

**PUBLIC LIABILITY CLAIM
FORM**

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

IMPORTANT NOTICE:

1. The issuing of this form is not to be taken as Admission of liability by the insurers.
2. This form must be completed and returned immediately whether a claim has been made or not.
3. Do not admit fault or liability for the accident.
4. All questions on this form must be answered.

1. POLICY NUMBER	
2. Name of insured in full	
Address	P.O.BOX _____
Occupation/Nature of business.	_____ Telephone no. _____
3. State:	
ii) Date	i) _____
ii) Time	ii) _____ a.m./p.m.
iii) Place or situation of the Accident.	iii) _____
4. When and by whom was the accident reported to you.	
4. Explain how the accident occurred (if due to defect in machinery or plant or premise, give nature of defect).	
5. State fully, nature and extent of injury or damage.	

7. i) Give names and addresses of witnesses of the accident	i) _____

ii) Did the police take any particulars, if so give details.	ii) _____

8. Has any communication, verbal or written been made to you by or on behalf of the injured person or the owner of the damaged property. If so give details. (Any written communication should accompany this form and any received thereafter passed to us unanswered).	_____

<p>I/We hereby declare the particulars on this form to the Jubilee Allianz General Insurance Company are true and complete.</p>	
<p>Date: _____</p>	
<p>(Signature of the Insured)</p>	