Sure House
Plot 1 Bombo Road
P.O. Box 9393, Kampala Tel: +256 414 345996, +256 312 262119
Email: swico@swico.co.ug, Website: www.swico.co.ug

HOUSEHOLDERS/OWNERS CLAIM FORM

Important:

1. The insured is requested to furnish the particulars as fully and accurately as possible and to return this form immediately to Statewide Insurance Company Ltd.
2. The acceptance of th9is form is not in itself an admission of liability on the part of Statewide Insurance Company Ltd.

POLICY HOLDER/INSURED INFORMARTION:

Full Name: ……

Address/Location: ……

Policy Number: ……

Tel: ..... Email: ……

PARTICULARS OF OCCURRENCE:

Time and Date: …… Place: ……

Description of Events:

……
……
……
……

DETAILS OF LOSS AND DAMAGE TO INSURED PROPERTY

Cause of Loss;
……
……

When was the loss or damage discovered and by whom?

……
……

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PARTICULARS OF PROPERTY LOSS/DAMAGE (Attach photos and Police report)

Description of loss/property Damaged/premises	When as it purchased/Constructed	Original purchase/Construction price	Claimed amount	Remarks

If money loss, please detail how much: .....

Was your premise left unoccupied at the time of loss? Yes ☐ No ☐

If Yes, for how long? .....

Is there any loss of rental? ☐ Yes ☐ No. If yes, how much? .....

Is there any change of housing as consequence of incident? ☐ Yes ☐ No. If yes, what is the incurred rental? .....

PARTICULARS OF THIRD PARTY CLAIM

Name of the third party: ..... Contact number: .....

Address: .....

Description of accidents and extent of loss of the third party:

.....
.....
.....

Insured's opinion on this accident (if any).

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INSURED AUTHORISATION

I do solemnly and sincerely declare that the foregoing particulars are true and correct in every and I agree that if made or in any further declaration in respect of the said claim shall make any false or fraudulent statements or suppress conceal or falsely state any material fact whatsoever the policy shall be void and all rights to recover there under in respect of past or future claims shall be forfeited.

…… …. ……

NAME OF CLAIMANT **SIGNATURE & DATE**