

POLICY HOLDER/INSURED INFORMARTION:

When was the loss or damage discovered and by whom?

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

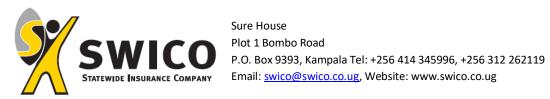
HOUSEHOLDERS/OWNERS CLAIM FORM

Important:

Cause of Loss;

- 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.

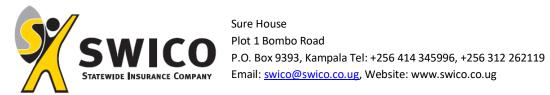
Full Name:
Address/Location:
Policy Number:
Tel: Email:
PARTICULARS OF OCCURRENCE:
Time and Date: Place:
Description of Events:
DETAILS OF LOSS AND DAMAGE TO INSURED PROPERTY



Sure House

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

Description of loss/property	When as it purchased/Constructed	Original purchase/Construction	Claimed amount	Remarks	ĺ	
Damaged/premises	puronasca/oonstructed	price	amount		Ī	
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If money loss, please deta	ail how much:					
Was your premise left und	occupied at the time of loss?	Yes Yes	No	3		
If Yes, for how long?						
Is there any loss of rental? Yes No. If yes, how much?						
·	using as consequence of inc			No. If yes, what is the		
PARTICULARS OF THIR	ED PARTY CLAIM					
Name of the third narty:		Co	ntact number:			
Address:						
Description of accidents a	and extent of loss of the third	d party:				
Insured's opinion on this a	accident (if any).					



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 s	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