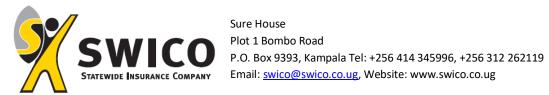


PUBLIC LIABILITY CLAIM FORM

Insured:	
Name:	
Address:	
Email:	
Physical Address	:
Policy No:	
Period of Insuran	ce: From
Date of Accident	:
Statement of Circ	cumstances of Cause of Damage/Loss/Bodily Injury
Estimate of loss:	Ugx Shs
Person injured:	Name
	Address
	Tel:
	Relationship with Insured:
Purpose of being	in insured premises:
Description of pro	operty damaged:
Particulars of own	ner of the property:



Sure House

Name:
Tel No:
Physical Address:
Relationship with the Insured:
Purpose for property being insured premises:
I DECLARE that these particulars are true and undertake to immediately forward to the company and unanswered any correspondence relating to this accident.
Date: Signature of insured: