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

PUBLIC LIABILITY CLAIM FORM

Insured: …….....

Name: ……..

Address: ……..

Email: ……..

Physical Address: ……...…….

Policy No: ……..

Period of Insurance: From……..…… To……

Date of Accident: ……

Statement of Circumstances of Cause of Damage/Loss/Bodily Injury

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Estimate of loss: Ugx Shs……..

Person injured: Name ……..……..

Address ……..…….....

Tel: ……..……

Relationship with Insured: ……

Purpose of being in insured premises: ……

…….....

Description of property damaged: ……...

……..

Particulars of owner of the property: ……...….....

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Email: swico@swico.co.ug, Website: www.swico.co.ug

Name: ……..

Tel No: ……

Physical Address: ……

Relationship with the Insured: …….....

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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: ……