

GoldStar

INSURANCE COMPANY LTD.

P.O. Box 7781, Kampala, Uganda.

INSURANCE CLAIM FORM

The issue of this form is not to be taken as admission of liability.

1. Name of Insured
Block Letters please

2. Address.

3. Policy/policies No(s)

Sum insured Ushs.

4. Date of loss.

Time of lossa.m/p.m

5. Place of loss

6. How loss occurred. (In a separate sheet state briefly incident leading to the occurrence of the loss)

7. Total value of property at
time of loss.

8. Are you the sole owner? If not
state joint owners & amount.

9. Other insurance on
this property.

AMOUNT

POLICY NO.

COMPANY

The undersigned being the insured under the above policy / policies hereby declares that the details appended hereto are full true and correct statement of the insurance in force and the loss sustained and the amount claimed in respect of each and all of the several articles or items of property damaged, lost or destroyed as listed overleaf constitute the market value of loss or damage and exclude all profit of whatsoever kind.

Signed.....

Witness.....

Date.....

DESCRIPTION OF PROPERTY LOST OR DAMAGED	Date of Purchase	COST PRICE	MARKET VALUE	VALUE OF SALVAGE	AMOUNT CLAIMED U.SHS.

Signature of Insured