

GoldStar

INSURANCE COMPANY LTD

P.O. Box 7781, Kampala, Uganda

GENERAL PUBLIC LIABILITY CLAIM FORM

Important Note : The issue of this form does not imply Admission of Liability on the part of the Company. Please ensure Your Claim Form is completed in full and returned within 7 days after receipt. All questions must be answered fully. Ticks and Dashes are not Acceptable

1	Name of Insured :		
	Address :		
2	Telephone Number :	<input type="text"/>	
	Policy Number :	<input type="text"/>	
	Claim Number :	<input type="text"/>	
3	When did the incident relating to the damage take place? :	Date : <input type="text"/>	Time : <input type="text"/>
4	Address of the premises and/or place where the damage occurred :		
5	For what purposes were the premises occupied on the date of the damage? :		
6	What was the cause of the damage, and how did it occur? Please give full details :		
7	Does the property in respect of which the claim is made belong to you? :	YES <input type="checkbox"/>	NO <input type="checkbox"/>
8	Name and address of the owner of the property damaged due to the accident :		
9	Is there any bodily injury or death involved in the incident mentioned above. :	YES <input type="checkbox"/>	NO <input type="checkbox"/>
	If YES Please mention:- a) Name of the injured or deceased :		

<p>9</p>	<p>b) In case of bodily injury the present condition of the injured person (please attach medical certificate)</p> <p>Is the injured person your employee? : YES <input type="checkbox"/> NO <input type="checkbox"/></p>
<p>10</p>	<p>a) Do you consider yourself liable for the damage to the property? : YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>b) If so, please give reason in details :</p>
<p>11</p>	<p>a) Have you become liable for similar cause in the past? : YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>b) If so, please give details :</p>
<p>12</p>	<p>What is the estimated amount</p> <p>a) Property damage : USHS <input type="text"/></p> <p>b) Bodily injury : USHS <input type="text"/></p>

I/We do hereby declare that the above is a full, true and accurate statement, relating to the accident mentioned above and I/we have not accepted liability to any party.

Signed:.....Designation.....

Witness:.....Date:.....
(Official Stamp)