

GoldStar

INSURANCE COMPANY LTD

P.O. Box 7781, Kampala, Uganda

PROFESSIONAL INDEMNITY INSURANCE 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	Policy Number :	<input type="text"/>
	Claim Number :	<input type="text"/>
3	Name of the Project for which the Professional Services were rendered :	
4	Describe the kind of Professional Services carried out from which this claim arises :	
5	a) Name of the claimant :	
	b) Date on which the alleged professional negligence was committed :	<input type="text"/>
	c) Period during which professional work relating to the claim was carried out :	FROM: <input type="text"/> TO: <input type="text"/> OR: <input type="text"/> MONTHS
6	Describe in detail how the Professional negligence has been or alleged to have been committed :	

7	The date on which you became aware of the professional negligence and of possible claim :	<input type="text"/>
8	a) How you became aware of the alleged negligence? If you were informed in writing please attach a copy of the communication : b) What is the amount of claim :	USHS <input type="text"/>
9	Have you received any demand notice, summons or other process in connection with this claim? If so, please attach copies	YES <input type="checkbox"/> NO <input type="checkbox"/>
10	What action, if any, you have taken so far in connection with this claim?	

I/We hereby declare that the foregoing particulars are true and correct in every respect and have not admitted liability to any party.

Place:

Date : **Signature of the Insured:**