NOVA INSURANCE COMPANY LIMITED

P.O. BOX 24876, KAMPALA (UGANDA)

PROPERTY CLAIM FORM

**ANSWER ALL QUESTIONS AND FULLY AND CLEARLY**

**PLEASE BRING WITH YOU:**

* This form duly completed signed and date indicated
* Replacement invoices
* Detailed quotation

NOTE

* All damaged property must be protected from further deterioration and should not be disposed of until the company or loss adjusters authorization
* If you make a claim that is in anyway fraudulent, unfounded or exaggerated, or make any false declaration, all benefits under this policy will be fortified.
* The more information you provide to us, the easier it will be to process your claim
* If the spaces provided for answers are inadequate, please write on and attach a separate sheet of paper
* Attach a list all the missing or damaged property on a separate sheet of paper giving the
* Date of purchase and their
* Original/purchase costs and the
* Depreciation values at the time of loss
* Replacement cost

**Insured’s Details**

Insured…………………………………………………………………………………………….

Policy number……………………………………………………………........................................

Date of payment of last premium…………………………………………………………………...

Address………………………………………………Telephone…………………………………..

Email……………………………………………………….Fax…………………………………...

Business or Occupation……………………………………………………………………………..

**Particulars of Claim**

1. State the following details about your loss
2. When did it happen?

Date:………………………….. Time:………………………p.m/am

1. Where did it happen?

…………………………………………………………………………………………

…………………………………………………………………………………………

1. How did it happen? Please give details.

…………………………………………………………………………………………

…………………………………………………………………………………………

…………………………………………………………………………………………

…………………………………………………………………………………………

…………………………………………………………………………………………

…………………………………………………………………………………………

…………………………………………………………………………………………

…………………………………………………………………………………………

…………………………………………………………………………………………

…………………………………………………………………………………………

…………………………………………………………………………………………

…………………………………………………………………………………………

1. a) State the total estimated value of the contents in your premises at the time of loss. Ushs………………………………………………

b) State the estimated total value of the building at the time of loss

Ushs……………………………………………...

1. Are you the sole owner of the property?

If not give details of ownership

1. Has anyone else a financial interest in the property, e.g, as owner or under a mortgage? Yes or No

If Yes, please give details

…………………………………………………………………………………………………………………………………………………………………………………………………….

1. Are you insured under any other policy for this loss? Yes or No

If so, please give details

……………………………………………………………………………………………….

1. What measures have you taken to prevent a recurrence of this loss?
2. Were the premises occupied at the time of loss

If not when were they last occupied

1. Give names and addresses of persons who have any knowledge of the circumstances
2. Have you previously claimed against any insurer in respect of risks covered by this policy? Yes or No
3. Insurers name and address
4. Policy number
5. Circumstances of loss

**Complete in case of theft, malicious damage, or missing articles**

1. When was the loss discovered? Date: Time:
2. Who discovered?
3. When was the property last seen
4. Was the loss reported to the police?
5. Address of police
6. Were any steps to recovery made?
7. Are there any suspicions as to the parties implicated

**Complete in case of all cases involving loss in transit**

1. What was the starting point and the destination of transit
2. Who was accompanying the property whilst on transit
3. If employees state the age and duties
4. Are they insured under fidelity guarantee policy if so state the name of the insurer and the policy number
5. How often is the transit made
6. What is the maximum ever carried at any one time

………………………………………………………………………………………………

………………………………………………………………………………………………

……………………………………………………………………………………………....

………………………………………………………………………………………………

**Declaration**

I / We declare that I / We have not withheld any material information and that all the statements made in this form are true to the best of my/ our knowledge and belief and that articles and property described overleaf belong to me/us and that no other person has any interest whether as owner mortgagees, Trustee or otherwise except as mentioned in the policy the foregoing answers are true and completed to the best of my/our knowledge.

Name ……………………………………………..

Signature………………………………………….

Title……………………………………………Date………………………………………

Company Stamp(if policy holder corporate body)