



Better. Simple. Life.

All Risks Claim Form

To help us deal with your claim promptly, please:

1. Answer all the questions

2. Submit

- (i) Replacement invoices or other documents entered in support of the value of the item lost, stolen or damaged.
- (ii) Incase of repairs, repair estimates and repairs report on cause of damage.
- (iii) Police abstract report form duly completed.

3. However do not delay the submission of claim form if the above documents are not immediately available.

Please Note

- All damaged property must be protected from further deterioration and should not be disposed of until authorised by the company.
- If you make a claim that is in any way fraudulent, unfounded or exaggerated, or make any false declaration, all benefit under this policy will be forfeited.
- Remember, 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.

Insured's Details

Name _____
Last Middle First

Policy Number _____

Date of payment of last premium _____

Address _____ Tel. No. _____

Mobile _____ Fax _____ Email _____

Business or Occupation _____

V.A.T. Registration No. _____ TIN No. _____

1. Please state the full circumstances of the loss or damage.

2. a) When did the loss occur (please specify date)? _____

b) When was the loss discovered? _____

c) Where was the loss discovered? _____

d) By whom was it discovered? _____

e) Were there witnesses present at the time of the discovery? Yes No

Please state their names and addresses: _____

3. If the property was lost

a) What steps have you taken to recover it? _____

b) When were the police notified? _____

c) Which Station was advised? _____

d) Do you suspect any person or persons? Yes No

If so, please state their particulars _____

4. a) Are you the sole owner of the property? Yes No

If not, give details of other interested parties: _____

5. Please list ALL the missing or damaged property on the table overleaf.

6. a) Have you any other existing insurance that relates to the property mentioned herein? Yes No

If so, please give particulars: _____

Union Insurance Rwanda Limited.

Grand Pension Plaza, 7th Floor, BP 6644 Kigali, Rwanda, Tel +252 500905-7 , Fax +252 500908,
Email unionrw@uap-group.com, Website www.uap-group.com