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PUBLIC LIABILITY CLAIM FORM

To help us deal with your claim as quickly as possible, PLEASE ANSWER ALL QUESTIONS ON THE CLAIM FORM FULLY AND CLEARLY, and sign and date the form.

PLEASE NOTE

- All damaged property must be protected from any further deterioration and should not be disposed off until the company or loss adjusters give permission.
- Document all facts regarding any incident and address any hazardous situations immediately.
- In case of food poisoning or injury from consumption of products, save the harmful product, DO NOT destroy.
- If you make a claim that is in any way FRAUDULENT, UNFOUNDED OR EXAGGERATED, or make any FALSE DECLARATION, all benefits under this policy will be forfeited.

IN ADDITION TO THE CLAIM FORM, PLEASE LET US HAVE:

- Any replacement invoices
- Detailed repair quotation

Remember that 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 _____

Address _____ E-mail _____

Telephone (Office) _____ (Cell) _____ Fax _____

Business or Occupation _____

Third Person(s) Involved

Name _____
Last Middle First

Policy Number _____

UAP Insurance Rwanda Ltd.

Grand Pension Plaza – 7th Floor, BP 6644 Kigali, Rwanda, Tel: 252500905-7, Fax 252500908, Email: unionrw@uap-group.com; www.uap-group.com



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Address _____ E-mail _____

Telephone (Office) _____ (Cell) _____ Fax _____

Business or Occupation _____

Claim Details

1. Date _____ Time _____ Location _____

When notified of the incident _____

2. Give a detailed description of what happened (*please give a rough sketch if possible*)

3. Was other person other than yourself or employees involved? Yes No

If so, please give their names, addresses and telephone numbers.

Property damage

4. Was there any damage to property? Yes No

If so, please give the following details

(i) Property owner

Address _____ E-mail _____

Telephone (Office) _____ (Business) _____ Fax _____

Business or Occupation _____

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(ii) A description of damaged property and the extent of the damage

(iii) Is the property protected from any further damage?

Injuries

5. Was anyone injured? Yes No

If so, please attach the following details about all the injured person(s):

(i) Name _____

(ii) Date of birth _____

(iii) Description of injuries _____

(iv) Medical facilities attended _____

Litigation

6. Is/are the claimant(s) represented by an advocate(s)? Yes No

If so, please give the following details about the advocate(s):

(i) Name _____

(ii) Address _____

(iii) Telephone _____

Other information

7. Did the police witness the incident or take any evidence or particulars? Yes No

If yes, please give the following information:

(i) Police station reported to _____ Date _____

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(ii) Officer attending _____

(iii) Details of findings if any _____

8. Were there any other witnesses? If yes, please attach the following details about all the witnesses.

(i) Name _____

(ii) Address _____

(iii) Telephone _____

(iv) Their statements about the incident _____

9. Who in your opinion was responsible for the incident?

(i) Name _____

(ii) Address _____

(iii) Telephone _____

10. Has any other incident of a similar nature and circumstances occurred before? Yes No

If yes, give date of occurrence and a brief description.

11. Has any claim arising out of this incident been made upon you so far? Yes No

If yes, by whom (*give the following details about the claimant(s) below*)

(i) Name _____

(ii) Address _____

(iii) Telephone _____

(iv) Nature of claim _____

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N.B. PLEASE NOTE THAT ANY FURTHER CORRESPONDENCE OR CLAIMS SHOULD NOT BE ACKNOWLEDGED BY YOU BUT FORWARDED TO US FOR ATTENTION.

Declaration

I/We hereby certify that the above statement is a full and true account to the best of my/our knowledge and undertake to render all assistance in my/our power in dealing with the matter.

Signature _____
Name _____
Title _____ Date _____

Company Stamp

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