



Sure House
Plot 1 Bombo Road
P.O. Box 9393, Kampala Tel: +256 414 345996, +256 312 262119
Email: swico@swico.co.ug, Website: www.swico.co.ug

GOODS IN TRANSIT/MARINE INSURANCE CLAIM QUESTIONNAIRE

The issue of this form should not be taken as an admission of liability under the policy of insurance issued.

1. Names of Insured.....
2. Address.....
3. Policy/Certificate of Insurance No.....
4. Description of the Goods Insured.....
.....
5. Description of the Goods damaged.....
.....
6. Country/Place of origin.....
7. Description of voyage.....
8. Invoice Value.....(Attach Photocopy)
9. Names of Suppliers.....
10. Names of Suppliers.....
11. Name of Ship Discharging the Goods.....
.....Port of Discharge.....
.....
12. Name of Road/Air carriers.....
13. Bill of Lading No.....
Date.....
14. State if there is any Transshipment.....
15. Railway Waybill No.....
Date.....
16. Delivery Note No.....



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- 17. Date when Goods were loaded/off-loaded from the conveying Vehicle.....
.....
- 18. Date when Goods were collected from Carriers/Clearing Agents Destination.....
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- 19. Names of Clearing Agents.....
.....
- 20. Date when Goods were opened or Examined by Insured.....
- 21. Date when Loss/Damage was noticed.....
- 22. Actions taken on noticing Loss/Damage.....
.....
- 23. Date when first notification of Loss was made to Insurance Company.....

I/We hereby declare that the above statements and information given are true to the best of my/our knowledge.

Accordingly, I/We claim the sum of Ugx shs.....

Date: Sign:

Witness: Date:.....