

Statewide Insurance Company Ltd.



Head Office: Sure House
Plot 1 Bombo Road | P.O. Box 9393 Kampala
Tel: +256 414 345 996, +256 312 262 119
Email: swico@swico.co.ug, Website: www.swico.co.ug

FIRE INSURANCE CLAIM FORM

The issue of this form is not to be taken as an admission of liability

Name of Insured _____

Policy No. _____ Address _____

Date of Loss _____ Time _____

Description of property Insured _____

Sum Insured (UGX) _____

Period of Insurance _____

Description of the property Insured _____

Cause of loss _____

Action taken to minimize loss _____

Ownership of damaged/destroyed property _____



A MEMBER OF THE UGANDA INSURERS ASSOCIATION



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DETAILS OF PROPERTY DESTROYED OR DAMAGED

Description of property.	Year purchased/built	Cost Price	Market value at the time of loss	Salvage value	Amount claimed

I / We hereby claim and agree to accept from Statewide Insurance Company Limited by reason of said loss and damage the sum of UGX _____ in full satisfaction of all liability under the said Policy for said loss and damage.

I / We do hereby further solemnly and sincerely declared that I / we have not either directly or indirectly proximately or remotely caused the said loss, or by connivance, fraud or misrepresentation sought to benefit thereby. And I / We make the foregoing solemn declaration conscientiously believing same to be true.

Date: _____

Signature: _____



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