

Head Office:

Plot 1 Bombo Road | P.O. Box 9393, Kampala, Uganda
+256 414 345996 | +256 752 262 119 | +256 767 695 190
Swico@swico.co.ug | www.swico.co.ug
@statewideug | @swico_uganda | @swico

PUBLIC LIABILITY CLAIM FORM

Insured, policy and incident details

INSURED / POLICY DETAILS

Insured

Name

Address

Fax

Email

Physical Address

Policy No.

Period of Insurance: From

To

Date of Accident

CIRCUMSTANCES / ESTIMATE

Statement of Circumstances of Cause of Damage / Loss / Bodily Injury

Estimate of loss: U. Shs.

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PUBLIC LIABILITY CLAIM FORM

Injured person and damaged property details

PERSON INJURED

Name

Address

Fax

Tel

Relationship with Insured

Purpose of being in insured premises

PROPERTY DAMAGED

Description of property damaged

Particulars of owner of the property

Name

Tel No.

Fax

Email

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PUBLIC LIABILITY CLAIM FORM

Property owner relationship and declaration

Physical Address

Relationship with the insured

Purpose for property being in insured premises

DECLARATION

I DECLARE that these particulars are true and correct and undertake to immediately forward to the company (and unanswered) any correspondence relating to this accident.