



# UNITED GENERAL INSURANCE COMPANY LTD

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## PROPERTY DAMAGE CLAIM FORM

Policy Number :..... Claim No. ....

Name of Insured .....

Address of Insured:.....Telephone No. ....

**Please give a definite reply to every question, ticks are only sufficient where a box has been provided**

|  |  |
|--|--|
| 1. State whether the loss arises from FIRE OR STORM  | <input type="checkbox"/> FIRE <input type="checkbox"/> STORM <input type="checkbox"/> OTHERS                               |
| 2. when did the loss take place?   | At .....o'clock in the <input type="checkbox"/> Morning<br><input type="checkbox"/> Afternoon<br>of the ..... Day of ..... |
| 3. Situation of the premises   | .....  |
| 4. For what purpose were the premises occupied at time of the loss?  | .....  |
| 5. What was the cause of loss?   | .....  |
| 6. Does the policy give a correct description of the property in all respects as it existed immediately before the loss?<br>Or<br>Has any element of risk been introduced which was not allowed by the policy. If so, furnish details. | <input type="checkbox"/> YES <input type="checkbox"/> NO<br>.....<br>.....<br>.....  |
| 7. Is the Claimant the sole owner of the property damaged or destroyed?<br><br>If not, furnish full particulars of any other interest.   | <input type="checkbox"/> YES <input type="checkbox"/> NO<br>.....<br>.....<br>.....  |
| 9. Has the incident been reported to the Police/other authorities?   | <input type="checkbox"/> YES <input type="checkbox"/> NO   |

|  |  |
|--|--|
| If YES, at which Police station/Office<br>9. Please attach copy of Police report, if available   | .....<br>.....   |
| 10. Were there at time of loss any other existing insurances on the said property whether affected by the Claimant or by any other person? If YES, please furnish details. | <div style="text-align: center;"> <input type="checkbox"/> YES      <input type="checkbox"/> NO         </div> .....<br>.....<br>..... |
| 11. Give particulars of any previous losses (if any), including the causes, in these premises or any other premises in which the Insured was interest.                     | .....<br>.....   |

I/We ..... do hereby declare that the above is a full, true and accurate statement, and I/we further declare that the articles mentioned on the other side being my/our sole property, and Insured under the above-named policy or policies, were destroyed by the aforesaid loss, according to the extent and values annexed wherefore I/we claim K..... from **UNITED GENERAL INSURANCE COMPANY LIMITED.**

Date .....

Signature of Insured

.....

**THE COMPANY DOES NOT ADMIT LIABILITY BY THE ISSUE OF THIS FORM**

N.B. : Details of damaged property to be furnished on the following page.

