Alliance Africa General Insurance Limited
P. O. Box 7308, 2nd Floor, Plot 9, Yusuf Lule Road Kampala,Uganda Tel:+256 392 177 281/2 +256 759 478 181
Email:admin@allianceug.com Website:www.allianceug.com

MOTOR MINOR CLAIM FORM

(Theft of parts and minor accidents not involving third parties)

Note: Filling this claim form is not an automatic admission of liability. The claim shall only be payable if it falls within the policy terms and conditions.

1. Policy Holder's Details

- **Insured's Name:** .....
- **Address:** .....
- **Tel No.:** .....
- **Fax No.:** .....
- **Email Address:** .....
- **Policy No.:** .....
- **Policy Period:** From ___ / ___ / ___ To ___ / ___ / ___
- **Reg. No.:** .....
- **Make:** .....
- **Chassis No.:** .....
- **Year of Manufacture (Y.O.M):** .....

2. Accident / Theft Details

- **Date & Time of Accident/Theft:** .....
- **Place of Accident/Theft:** .....
- **Brief Description of Accident/Theft:** .....
  (Continue overleaf if necessary)

3. Damages

List below the parts of the car damaged or lost, and the estimated cost of repair or replacement:

	Part Damaged / Stolen	Repair / Replacement Cost Estimate
1.		
2.		
3.		
4.		
5.		
6.		

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4. Declaration and Data Collection Consent

Data Collection Consent: I consent to the collection, verification, processing, storage and lawful use of my personal data for identification, regulatory compliance, and the provision of insurance services

- **Name:** .....
- **Signature:** .....
- **Date:** .....

5. Required Attachments

Please complete this form and provide the following:

- Copy of the log book
- Copy of valid driver's permit (for accidental damage)
- At least two repair/replacement quotations

6. Important Notes

1. For any claim to be registered, ensure that your vehicle is brought to our offices for inspection and photographs of the damage taken by our claims staff.

2. Exaggeration of claim amount or deliberate submission of falsified/fraudulent documents will render your claim inadmissible for payment.