

MOTOR THIRD PARTY INSURANCE ACCIDENT DATA COLLECTION FORM

Death and bodily injury claims

1. Details of the Insurance / Policy holder.

- a. Name of the policy holder
- b. Reg No: Make:Type:
- c. Name of the insurance company
- d. Period of insurance: From To

2. Details of the injured / accident victim.

- a. Name of the accident victim:
- b. Phone contact:
- c. Occupation:
- d. Employer's Address if any:
- e. Name of next of kin:
- f. Contact of next of kin:
- g. Physical address:

3. Details of the claimant.

- a. Claimant's name:
- b. Address:
- c. Phone contact:
- d. Physical address:

For any inquiries, please contact **Uganda Insurers Association (UIA)**
Address: Insurance House. 24A Acacia Avenue, Kololo
P.O Box 8912, Kampala

Tel: 0414 500 945 OR
TOLL FREE on 0800 105 050 from 8am to 5pm.

- e. Relationship to victim:
- f. Claimant's signature and date:

4. Accident particulars.

- a. Date of accident:
- b. Place and time:
- c. Circumstances:
- d. Police station reported to:
- e. Vehicles involved:
- f. Owner / insured:
- g. Nature of injuries:
- h. Hospital where treated:

5. Required documentation.

- a. Attach medical expenses receipts (original)
- b. Attach medical report (from a qualified and licensed medical practitioner)
- c. Official communication – lodging in a claim.
- d. Police report.
- e. Police abstract report form 3 (original)
- f. Identification of claimant and victim (National ID or Passport)
- g. In case of death of an adult, letters of administration or minutes of family meeting. appointing the administrator / claimant.
- h. In case of death, Death certificate / postmortem report.
- i. And any other relevant document.

NOTE: The compensations are as per the Motor Third Party Insurance Act 1989. The limits are as follows;

- I. Maximum limit per person per single accident: Up to Ushs. 1,000,000
- II. Maximum limit in aggregate in anyone period of Insurance: Ushs. 10,000,000

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