

PUBLIC LIABILITY - CLAIM FORM

IMPORTANT NOTES:

Issuance of claim form is not an admission of liability. The claim shall be assessed strictly based on policy terms and conditions. All questions must be answered fully.

PART: (A) POLICY HOLDER:

Name of insured

Policy No:

Address

Business/Occupation

Telephone/Mobile /Fax

Date of Birth:

PART :(B) OCCURRENCE:

Date and time of incident.

Description of incident. *(Please attach extra sheet if below space is not sufficient)*

Nature of injury/illness:

Name & address of doctor who attended:

Have you sustained similar injury/illness before? YES NO If YES, when?

Name and address of usual doctor.

UNITED FIDELITY INSURANCE COMPANY

In Conformity with the Federal Law No. 6/2007 Reg. No (8) dated 22/12/1984. Authorized paid-up Capital Dh. 100,000,000

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During what period was the person totally disabled from attending to any art of his occupation/profession?

From To

***If total disablement continues, please attach completed certificate by the injured person's doctor. ***

DECLARATION:

I/We declare that all particulars given are true and complete and claim the sum of AED _____ as detailed above as supported by the enclosed documentary evidence.

Signature:

Date

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