

PLEASE COMPLETE FORM IN CAPITAL LETTERS

Policy Number: _____
 Policy Holder: _____
 Attorney's Name: _____
 Telephone Number: _____
 Authorization Number: _____

Details of Claimant

Surname: _____ First Name: _____
 Date of Birth: Gender Title Marital Status
 Residential Address: _____ Town/Village: _____
 Postal Address: _____ ID #: _____
 Occupation: _____ Employer: _____
 Email Address: _____ Work Number: _____
 Mobile Number: _____ Home Number: _____
 Preferred Method of Correspondence: _____

Opponent's Details *(The party whom you wish to claim against or is claiming against you)*

Full Name: _____
 Postal Address: _____
 Telephone Number: _____
 Email Address: _____

Claim Type *[Please indicate (tick) the type of claim you are making]*

CLAIM TYPE	
<input type="checkbox"/>	Civil Matter
<input type="checkbox"/>	Criminal Matter <i>(please attach a police report to this form)</i>
<input type="checkbox"/>	Administrative Matter
<input type="checkbox"/>	Labour Matter

General Claim Details

I.	Have you received or sent any correspondence to your opponent in relation to this dispute? <i>(If Yes, please attach copies to this form)</i>	Yes	No
II.	Have you received advice from our legal advisors? <i>(If Yes, please indicate the name and date of your last consultation)</i>	Yes	No
	Name: _____		
	Date: _____		
III.	Have you been convicted of a crime within the past 4 (four) years? <i>(If Yes, please state the nature of the crime below)</i>	Yes	No

Should you require assistance when filling in this form call us on (+268) 2505 2028 or visit our offices.

IV. Have you claimed from UGI Legal before?	Yes	No
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Explanation of your Claim

Please explain briefly what you think has led to the dispute (how did the incident happen and what is the claim about). Please supply names and contact details of people who witnessed the incident or could provide useful information.

Declaration

I, the undersigned, in my capacity as the claimant, declare that the information given is true and complete to the best of my knowledge and understand that United General Insurance Limited will use any and all information, including personal sensitive information, which I supply for the purpose of dealing with this claim. Information supplied will also be used, if required for the purpose of administering and underwriting my policy, for giving advice and assistance. I further authorise the information to be accessed by lawyers and other experts, a court or tribunal and other specialists. I understand that any misstatement or non-disclosure which materially affects the assessment of this claim will entitle United General Insurance to declare this claim null and void. I further understand that United General Insurance investigate and pursue prosecution on a fraud attempt.

Signature of Applicant _____

Date _____

REMEMBER: FOR SMOOTH PROCESSING OF CLAIMS, PREMIUMS MUST BE UP TO DATE.