

**MAYFAIR INSURANCE COMPANY (UGANDA) LIMITED**  
2<sup>nd</sup> FLOOR, PLOT 9, YUSUF LULE ROAD  
P.O.BOX 34447, KAMPALA  
TEL: +256 312 181 950  
Email: [info@mayfair.co.ug](mailto:info@mayfair.co.ug)



## HEAD/SIDE/BACK LIGHTS CLAIM FORM

1 Insured \_\_\_\_\_

2 Policy Number \_\_\_\_\_

3 Address \_\_\_\_\_

4 Registration number \_\_\_\_\_

5 Make and Type of Vehicle \_\_\_\_\_

6 Date on which Damage Occurred \_\_\_\_\_

7 Name of Driver of Vehicle \_\_\_\_\_

8 Description of incident and damage \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

9 Is replacement light the same type as broken one (if not, why)? \_\_\_\_\_

\_\_\_\_\_

10 Repairer's Name \_\_\_\_\_

I do hereby warrant the truth of the answers and particulars given on this form, and that I have withheld no material information and I hereby claim for the damage as set out on this form hereto amounting in all to UGX. \_\_\_\_\_

Dated this \_\_\_\_\_ Day of \_\_\_\_\_ 20 \_\_\_\_\_

Signature of the Insured \_\_\_\_\_