

PARTICULARS OF ACCIDENT / INCIDENT

8. Who reported the event to you?

Name

Address

9. Name(s) and Permanent Address(es) of witness(es), if any

10. What is your relationship with the Third Party?

THIRD PARTY DETAILS

11. Name of Third Party

12. Permanent Address

13. Nature and extent of injuries/damage

14. a) Have you received any correspondence from Third Parties? YES NO

If "yes", please enclose them with this form

15. b) Have you made any admission of liability? YES NO

Give details

Please note:

1. Make sure that you give us ALL details about your claim.
2. Please send any documentation you have which may assist in our investigations.
3. Send us all original quotations and/or original invoices which you have received to repair or replace the damaged property.
4. If possible, keep damaged items available as your insurer may wish to inspect them.
5. Do not admit liability.
6. Contact your Claims Broker should you require assistance.

DECLARATION

I declare that to the best of my knowledge and belief the information in this form is true and correct and I have not withheld any relevant information.

Signature of insured or person with authority
to sign for or on behalf of the insured

Date: