



CLAIM FORM

INSURER		Policy No.	
		Claim No.	
Insured	Name		
	Address and telephone No.		
	Business or occupation		
Description of incident	Date and time		
	Place where incident occurred		
	State exactly how the incident occurred. (Detailed statement must be attached)		
Witnesses	Name ,address and tel. No.	1.	2.
Police	If reported to police, state which station and reference number		
Property damage	Name and address of owner/third party		
	Description of damage		
Personal injuries	Name, address and age of injured person/third party	1.	2.
	Details of injuries		
Relationship	Give full details of third party		
Claim	If claim made against you, give details and attach any correspondence, including approach and quotes		
Declaration	I/We declare that to the best of my knowledge the above statements are truly made Insured's signature Capacity Date _____ _____ _____		