



Please answer all questions as fully as possible, and attach additional material if necessary.

1. Insured Details

Name of Insured	<input type="text"/>
Address	<input type="text"/>
Telephone Number	<input type="text" value="["/> <input type="text" value="]"/>
Relevant contact person:	<input type="text"/>
Email address	<input type="text"/>

2. Policy No

Policy Number	<input type="text"/>
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3. Claim Details

3.1 Please provide details of the claim which has been made, or of the circumstances you wish to notify. If correspondence has been received in relation to the claim, please attach copies.

<input type="text"/>
<input type="text"/>
<input type="text"/>
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3.2 Please provide your response to the claim including your advice as to whether any other person or entity has contributed to the circumstances which have given rise to the claim.

<input type="text"/>
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3. Declaration

I declare on behalf of the abovenamed insured that the information contained herein is true and correct to the best of my knowledge.

Name

Position held

Date

Signature

PLEASE KEEP A PHOTOCOPY OF ALL DOCUMENTATION YOU SEND TO US FOR YOUR OWN RECORD



Bring on tomorrow

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