



General Claim Notification Form

Please verify the information in this document. If you wish to make any corrections or changes, please notify us immediately.

Submitting a Claim Form
<p>Submitting or notifying claims to us are made according to the website claim section or via your insurance agent or broker. Please ensure that all relevant sections of this form have been completed and copies of receipts or relevant documents are included. You should retain your original documents in a safe place. One claim notification should be submitted per each claim event. If you have any queries when completing this form then please speak with your insurance agent or broker or contact us via the website.</p> <p>Please complete this form in BLOCK CAPITALS and use a black pen.</p>

Your Policy Number									
Your Broker/Agent Name									
The Date You Are Notifying Us									

A. Your Details			
Your Full Name		Email	
Insured's Address			
Telephone No.		Mobile No.	
Insured's Name			
Your Policy Period of Insurance	From:	Until:	

B. Claim Event Date and Time

C. Claim Details
<p>Please provide a detailed description of the event and the damages or claimed amounts. If claim is made by a third party, provide full name, address and contact details with that third party:</p>

D. Insured's Declaration			
<p>I understand that any fraudulent claims may result in legal action being taken and the immediate cancellation of my policy.</p> <p>I declare the information shown on this form and any accompanying documentation is true and complete.</p>			
Insured's Signature		Date	