

NAME ON POLICY: _____

POLICY NUMBER: _____

TYPE OF POLICY (HOME/MARINE/BUSINESS): _____

NAME OF PERSON REPORTING THE LOSS/DAMAGE: _____

ADDRESS ON POLICY: _____

PREFERRED TELEPHONE NO: _____

PREFERRED E-MAIL: _____

GIVE DETAILED PARTICULARS OF THE CAUSE NATURE AND EXTENT OF THE INCIDENT, LOSS AND/OR DAMAGE:

(Continue on separate sheet if necessary)

Date of incident, loss or damage – on or about: _____

Specific location of incident, loss or damage _____

Explanation what occurred with as much detail as possible - please see more questions on following pages:

WAS THE INCIDENT, LOSS OR DAMAGE REPORTED TO LOCAL AUTHORITIES (Police/Fire services generally): Y N

Investigating officer/badge no/station: _____

Case # _____ Please attach any correspondence or accident report Y N Note if attached

Name, relationship, and address/phone number of any witnesses that saw the incident as it happened who are willing to speak to us:

Specific description of any property damage to your belongings along with details, estimates, invoices if available

DESCRIPTION OF ANY INJURIES ALONG WITH DETAILS AS KNOWN:

Were/are you injured? Y N Were you/others taken by ambulance to hospital? Y N If so, whom? Please print name.

Please describe all injuries and any treatment such as ambulance, hospital visit, immediate surgery

Are you claiming for anyone else who is injured such as a minor child? If so, please complete the following

Their name and date of birth: _____

Relationship to you: _____

Please describe their injuries and any immediate treatment and prognosis if known, along with any property damage they may have suffered:

DECLARATION

I/We hereby declare that, to the best of my/our knowledge and belief, the forgoing statements and those on supplementary documents or pages, are fully and truly made and no material fact has been misrepresented, misstated or withheld. I agree to immediately declare any additional details or any subsequent change in circumstances that may affect the accuracy of the information provided.

I/We acknowledge and understand that any misrepresentation, fraudulent act or material misstatement made in support of my / our claim may lead to the claim being voided.

I/We agree that insurers may, at their option, make settlement of any claim, suit, or action for damages that may be made against me/us in respect of the above incident.

I/We understand that acceptance of this form by Insurers does not indicate any agreement to pay any portion of any claim against my / our policy or any other policy.

I/We give my / our consent for the processing of my personal and sensitive data to support this claim.

By checking this box, I, the Insured, confirm that I have read, understood and agree to the terms of this Declaration.

INSURED'S NAME: _____
PLEASE PRINT

INSURED'S SIGNATURE: _____ **DATE:** _____