

Policy No.....

### THE CLAIMANT

Full Name .....

Address .....

Phone No. ....

Email Address .....

### LOSS DETAILS

Date and time of Loss (dd/mm/yyyy) .....

Place of Loss .....

Description of Accident .....

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.....

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Cause of the Loss / Damage .....

.....

.....

Estimate of Damage .....

.....

Name of Third Party who may have any involvement .....

Are you entitled to claim from any other source?  Yes  No

If YES please give details .....

All available documents in support of this claim should be attached.

### DECLARATION

I, the undersigned, declare to the best of my knowledge and belief that the above statements are true. I understand that if I have provided any information that is not true, my claim will not be covered.

Date .....

Signature of the Claimant .....