

ALL RELEVANT QUESTIONS MUST BE FULLY ANSWERED

GENERAL SECTION (This section must be completed by all claimants)

Title Name and Surname of Policy Holder(s)

Policy No

Level of Cover Bronze Silver Gold Platinum

Claimants Name Age

Address

Telephone/Mobile No E-mail Address

ID Card Number

Are you insured by any other policy? Yes No

If YES, please give name and address of Insurers and Policy Number

Date of Wedding Ceremony Venue Reception Venue

SECTION 1 - CANCELLATION AND REARRANGEMENT OF WEDDING AND/OR RECEPTION

Date of cancellation

Please give reasons for cancellation

State amounts claimed

Please specify the amounts recovered (attach any relevant booking conditions)

Were the suppliers notified immediately of the cancellation/rearrangement? Yes No

SECTION 2/3/4 - CEREMONIAL ATTIRE/WEDDING GIFTS/WEDDING RING(S), FLOWERS, WEDDING CAKE

Date of Loss or Damage Time

Place

State Precise circumstances in which loss or damaged occurred

Were the police notified of loss and/or damage? Yes No

If so, when and please attach report issued in respect of the same

State amounts claimed

SECTION 5 - WEDDING CARS AND TRANSPORT CONTRACTUAL FAILURE

Date of Loss

State how the private hire firm/ individual failed to meet its contractual obligations

State amounts claimed

SECTION 6 - PHOTOGRAPHS AND VIDEOS

Date of Loss

State Precise circumstances in which loss or damaged occurred

State amounts claimed

SECTION 7 - FAILURE OF SUPPLIERS

Date of Loss

State how the wedding services provider failed to meet its contractual obligations following bankruptcy or liquidation

State amounts claimed

SECTION 8 - FAILURE OF SUPPLIERS

Date of Accident

Time

Place

Please give detailed description of how the accident occurred

What is the amount being claimed including nature of the same

Were the police notified of loss and/or damage? Yes No

If so, when and at which station?

Have you in any way admitted liability? Yes No

DECLARATION

I/We hereby declare that the above information and statements are, to the best of my/our knowledge and belief, correct and complete.

Signature of Policyholder/s

Name: (In BLOCK Letters)

Signature of Claimant/s

Name: (In BLOCK Letters)